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WILTSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1954

LANSDOWN, PRINTERS, TROWBRIDGE

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Being the statutory report required to be made by the County Medical Officer of Health under the
Sanitary Officers (Outside London) Regulations, 1935.

FOREWORD

ALTHOUGH the year was not marked by any really outstanding change or unusual problem affecting the public health circumstances of the County, there has been a steady increase in the work of most of the health services provided by the County Council.

Much has been said recently of the expanding role of the health visitor as an adviser of the whole family for the promotion of health and of the fruitful results which follow from close co-operation between the general practitioner and the health visitor. There have been encouraging examples of this during 1954, and special measures were taken to acquaint every general practitioner with the names of the health visitors serving the area of his practice.

The health visitor has in fact been given a role in the National Health Service far wider than her original responsibilities as the infant and child welfare visitor, and this should prove one of the more important developments of preventive and social medicine, but these hopes cannot be fulfilled unless there are sufficient health visitors. For instance, the general practitioner or hospital approaching the health visitor for the kind of assistance in connection with the patient's home circumstances and problems which she best can give and finding her unobtainable or too busy immediately to respond to the need is not encouraged to work with the health visitor in future; thus chances of developing this kind of valuable co-operation are lost. Nor can the health visitor give fully effective help and advice to the many who require it if she is constantly pressed for time.

The shortage of health visitors is, of course, a problem not only in Wiltshire and it is to be hoped that the working party who have been enquiring into the proper field of work and the recruitment and training of health visitors will soon produce recommendations for remedying it. In Wiltshire there has been serious difficulty from time to time in filling vacancies in the establishment, especially in Swindon, but even were the establishment filled throughout the County there would still be only the equivalent of one health visitor to about sixteen thousand of the population, far fewer than the number needed for full performance of the work. It is unfortunate that reasons of economy prevented the County Council from arranging for the training of any student health visitors during the year, but it is hoped to recruit three for training in 1955.

Another facet of the work of the health visitor is the home supervision of patients with tuberculosis. Although the incidence of new cases of pulmonary tuberculosis is falling, the number of patients remaining on the register is still increasing because chemotherapy prolongs the life of many patients, who remain potentially infectious so that the need to keep in touch with them by home visiting is still an important and growing public health responsibility.

During the year an outbreak of tuberculous infection of glands among children in Marlborough emphasised once more the importance of a safe milk supply. The source of the infection was a cow in a herd supplying tuberculin tested milk and although a positive biological milk sample led to the detection and removal of the animal, at least fifteen children were infected. In spite of the gradual success of the Ministry of Agriculture and of dairy farmers in improving the conditions under which milk is produced, hygienic control of milk by local authorities during distribution is essential and of this control regular sampling is a very important part. There seems scope here for closer co-operation between the County Council and the district councils.

The report of the Chief Dental Officer emphasises the value of the dental scheme for expectant and nursing mothers and children under five years of age. Unfortunately it remains only a skeleton scheme because of the general shortage of dental officers and the claims of the school dental service (itself attenuated). Thus not only are valuable opportunities of early treatment of children lost, but the education in care of the teeth and in the proper and confident use of the dental services, which would remain of value during the whole of the child's life, cannot be given by the County Council's dental service to more than a small proportion of Wiltshire children before school age. It is therefore especially important to make the best use of the dental staff by maintaining a good standard of equipment and premises.

It is encouraging to record progress in mental health work during the year, especially the increase in the proportion of admissions to mental hospitals which are voluntary and the greater use that is being made of the services of the County Council's mental health officers, not merely as a means of arranging admissions to solve situations which have become intolerable to the relatives, but to help patients and doctors to achieve early investigation and treatment and for the after-care of patients discharged from hospital. Also there have been extensions in the co-operation between mental deficiency hospitals and the mental health officers which promise well.

The maternity and child welfare centres, which sometimes receive less mention than they deserve, perhaps because they are one of the longest established of the personal health services, have continued to help very many infants and nursing mothers. In spite of occasional suggestions in the press and elsewhere that these centres are of less importance than formerly and that their work could be done by other means, public opinion continues to support them and to value them as a helpful and friendly service designed especially for young children and their mothers. The individual advice and education in health and the contact, not only with the doctor and health visitor but with other mothers and children, in a place familiar and usually conveniently accessible, could hardly be replaced at the present time. It is intended to review these centres throughout the County and to report to the Health Committee upon them.

I should like to express to the Chairman and members of the Health Committee my sincere appreciation of their understanding and support during my first year in Wiltshire, and I wish to thank the staff of the Health Department for their constantly loyal and efficient work during 1954.

C. D. L. LYCETT.

County Hall,
Trowbridge.
JUNE, 1955.

COMMITTEES

The Committees of the County Council mainly concerned with public health are:—

Health Committee, the Sub-Committees of which are as follows:—

Maternity and Child Welfare Sub-Committee,
Mental Health Sub-Committee,
Ambulance Service and Health Centres Sub-Committee.
Swindon Area Sub-Committee.

Water Supplies and Sewerage Schemes Committee.

Education Committee (school health service and hygiene in schools).

Close liaison is also maintained with other Committees such as the Welfare Committee and the Children's Committee, and the County Medical Officer acts as adviser on health matters to all Committees of the Council.

STAFF

County Medical Officer of Health and Principal School Medical Officer:—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer:—

Agnes L. Semple, M.B., Ch.B., D.P.H.

Senior Medical Officer:—

D. L. Johnson, M.R.C.S., L.R.C.P., D.P.H.

Area Medical Officer:—

J. Urquhart, M.B., Ch.B., D.P.H. (also Medical Officer of Health and Principal Borough School Medical Officer, Swindon).

Assistant County Medical Officers (also School Medical Officers):—

C. L. Broomhead, M.D., B.Ch., B.A.O., D.P.H. (also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, and Malmesbury Rural District).

H. Margaret Hammond, M.B., Ch.B.

R. Mackay, M.D., Ch.B., D.P.H. (also Medical Officer of Health, Marlborough Borough, Marlborough and Ramsbury Rural District, Pewsey Rural District and Amesbury Rural District).

R. S. McElroy, B.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. (also Medical Officer of Health, Cricklade and Wootton Bassett Rural District and Highworth Rural District).

Jean Murray, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District).

R. Bruce Killoh, M.B., Ch.B., D.P.H. (also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. Reynolds, M.C., L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (also Medical Officer of Health, Warminster Urban District, Westbury Urban District, and Warminster and Westbury Rural District).

E. M. Wright, M.A., B.M., B.Ch., D.P.H. (also Medical Officer of Health, Salisbury City).

F. J. G. Lishman, M.D., B.S., D.P.H. (also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, and Mere and Tisbury Rural District) (Commenced 4/11/54).

C. W. Shearer, M.B., Ch. B., D.P.H. (also Deputy Medical Officer of Health and School Medical Officer, Swindon).

S. B. S. Smith, L.M.S.S.A., D.T.M.&H. (also Assistant Medical Officer of Health and School Medical Officer, Swindon).

Assistance in respect of immunisation, infant welfare and school medical inspection has also been given from time to time by the following:—

Drs. Isabel M. Scott, Norah D. Pinkerton, W. B. A. Smyth, Ethel M. Voigt, O. Nietupska and C. Parsons.

Chest Physician:—

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H. (By arrangement with Regional Hospital Boards).

Assistant Chest Physicians:—

A. C. Molden, M.B., Ch.B. (By arrangement with Regional Hospital Boards),
Ellen O'Donovan, M.B., B.Ch., B.A.O., L.M. (By arrangement with Regional Hospital Boards.)

Chief Dental Officer (also Principal School Dental Officer):—

W. H. Liebow, L.D.S.

Assistant Dental Officers (also School Dental Officers):—

S. H. Brenan, L.D.S. (Resigned 31/5/54. Re-appointed 3/8/54.)
 A. T. Craig, L.D.S.
 H. H. Greenhalgh, L.D.S.
 E. C. Humphreys, L.D.S.
 F. Lake, L.D.S.
 J. S. MacLachlan, L.D.S.
 R. S. McMinn, L.D.S.
 E. H. Randerson, L.D.S.
 A. V. Yates. (Commenced 20/4/54.)

Lay Administrative Assistant:—

C. A. Horton.

Superintendent Nursing Officer:—

Eleanor W. Redwood, S.R.N., S.C.M., H.V's Cert

Deputy Superintendent of Home Nursing Service:—

Gladys M. Bell, S.R.N., S.R.F.N., S.C.M.

County Sanitary Inspector and Water Supplies Officer:—

T. R. Cox, M.R.S.I., M.S.I.A.

Mental Health Supervising Officer:—

W. R. Hudd.

County Ambulance Officer:—

T. Bullock.

CO-ORDINATION AND CO-OPERATION WITH OTHER BRANCHES OF THE NATIONAL HEALTH SERVICE

Every opportunity has been taken during the year in the various services to promote co-operation with other branches of the National Health Service and progress has been made, though much more remains to be done.

A special effort has been made to increase the co-operation between health visitors and general practitioners.

In addition to working closely and harmoniously with district nurses and midwives, practitioners frequently refer patients requiring home help or convalescent treatment in holiday homes. They also refer unmarried mothers requiring hostel care and maternity beds and our arrangements for them are co-ordinated with the hospital services. There has also been welcome progress in co-operation between practitioners, hospitals and mental health officers.

Close contact is maintained with all maternity hospitals desiring domiciliary enquiries on the degree of priority of admission on social grounds which should be accorded to patients. These arrangements with hospitals make for the best use of beds and it is hoped that hospitals will wish to use them more fully. Chronic sick patients are similarly referred to me in one large area of the County to estimate the need for priority of admission and recommendations are made on the basis of health visitors' reports.

Hospitals are kept informed of the district nursing facilities in their areas and some hospitals directly inform district nurses of patients being discharged with any necessary information regarding nursing. Some hospitals prefer to make the arrangements for district nursing through the general practitioners, but the same facilities for direct co-operation exist throughout the County so far as the County Council is concerned.

The possibility of saving time and mileage by consultation between the ambulance service and hospitals has received special attention, but there has been a large measure of help from both hospitals and general practitioners in ensuring proper use of the service.

There is no doubt that personal contact is the most effective means of encouraging understanding and co-operation and at the end of the year arrangements were under consideration for a conference designed to bring together field workers in the different branches of the Health Service in Wiltshire.

POPULATION

The Registrar-General's estimate for 1954 (including Services)	...	...	394,800
The figure for the previous year was 390,700.			

BIRTHS AND DEATHS

								TOTAL.		RATE.	
								1953.	1954.	1953.	1954.
										(Per 1,000 Population)	
Live Births	...	...	...	...	...	...	...	6420	6258	16.43	15.85
										(Per 1,000 Births)	
Still Births	...	...	...	...	...	...	...	131	126	22.4	19.74
										Per 1,000 Population)	
Deaths	...	...	...	...	...	...	...	4170	4112	10.67	10.42
Deaths from	...	...	...	...	...	...	...			(Per 1,000 Births)	
Pregnancy, Childbirth, Abortion	...	...	...	...	...	...	...	9	3	1.37	.47
										(Per 1,000 Live Births)	
Deaths of Infants under one year of age	...	...	...	...	...	...	...	155	156	24.14	24.93
Deaths from Cancer (all ages)	...	...	...	...	...	...	...	628	712		
Deaths from certain Infectious Diseases—											
Tuberculosis, Respiratory	...	...	...	...	...	...	...	41	35		
Tuberculosis, Other	...	...	...	...	...	...	...	10	14		
Diphtheria	...	...	...	...	...	...	...	—	—
Meningococcal Infections	...	...	...	...	...	...	...	1	—		
Acute Poliomyelitis	...	...	...	...	...	...	...	7	2		
Measles	...	...	...	...	...	...	...	4	—		
Whooping Cough	...	...	...	...	...	...	...	—	—
Other Infective and Parasitic Diseases	...	...	...	...	...	...	...	8	10		

The live birth rate of 15.85 when adjusted by the use of the Registrar-General’s area comparability factor to allow for the particular age and sex distribution of Wiltshire’s population becomes 17.28 and this figure may then be compared with the national rate of 15.2.

The still birth rate of 19.74 when similarly adjusted becomes 21.52 compared with a national rate of 24.0.

The death rate of 10.42 when adjusted becomes 10.21, compared with a national rate of 11.3.

The county maternal mortality rate of 0.47 compares with a national rate of 0.69 and the infant mortality rate of 24.93 with a national rate of 29.0. It should be remembered in connection with the maternal mortality rate that, as the numbers involved are very small, differences in the rate have much less significance than would at first appear.

The following table gives the number of deaths during the past 15 years resulting from the more significant of the infectious diseases in the above table:—

Disease.	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Deaths from															
Tuberculosis—															
Respiratory	109	134	107	95	99	92	110	103	108	91	94	68	63	41	35
Other	28	49	34	24	26	34	16	19	23	12	8	10	12	10	14
Diphtheria	37	19	2	2	5	1	2	2	—	1	—	—	—	—	—
Acute Poliomyelitis	1	3	—	1	2	3	1	5	1	13	10	1	4	7	2

INFECTIOUS DISEASES

The following are the aggregate totals of notifications during 1954 of the more important infectious diseases, with comparative figures for the preceding 10 years. The figures for 1950 onward include non-civilians.

Disease.	Total Notifications during										
	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	640	541	355	311	455	269	564	607	407	282	208
Diphtheria	105	17	14	16	6	2	—	3	1	1	3
Enteric Fever (including Paratyphoid)	—	2	1	1	2	1	4	1	1	—	5
Puerperal Pyrexia	64	41	50	34	35	36	24	52	113	142	93
Meningococcal Infection	22	16	15	13	3	8	6	3	11	8	1
Acute Poliomyelitis—											
Paralytic	1	5	13	51	30	67	50	16	28	57	20
Non-paralytic	—	—	1	—	—	—	18	16	18	45	3
Acute Encephalitis	—	—	—	—	—	—	3	1	—	2	1
Ophthalmia Neonatorum	22	24	27	19	7	3	20	4	5	6	3
Whooping Cough	Figures for these 5 years are not available.					822	1398	1544	1129	1012	1208
Measles						3527	1279	6721	1541	7225	334

SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACT, 1946

With the exception of the statistics given under Section 27 and 49/51 following, the figures given under all Sections of the Act exclude those for the Borough of Swindon, which will be found in the Report of the Area Medical Officer.

SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL AND POST-NATAL CLINICS.

These are now held as follows:—

Clinic.	Sessions.	Obstetrician Attending.	Number of Attendances, 1954 (1953 in brackets)
Bulford. Welfare Centre, Horne Road, Bulford.	Every Monday, 2 p.m. ...	Medical Officer from staff of Tidworth Military Families Hospital	737 (605)
Corsham. County Council Clinic, Fuller Avenue.	1st and 3rd Fridays, 2 p.m. ...	Dr. I. F. MacMath ...	442 (311)
Wilton. West Lodge, West Street ...	3rd Thursday, 2 p.m. ...	Dr. S. C. H. Lane ...	61 (33)

No new clinics were opened in 1954. The ante-natal clinic at Salisbury General Infirmary is omitted from the table this year. It was formerly included since it was originally initiated jointly by the County Council and the Hospital. It is, however, accommodated at, and staffed by, the Hospital and, although a proportion of the patients seen are for domiciliary confinement, the cost is borne by the hospital service.

MEDICAL ANTE-NATAL AND POST-NATAL EXAMINATION OF DOMICILIARY CASES BY GENERAL PRACTITIONER OBSTETRICIANS.

The figures for 1954 were 30 ante-natal examinations and 12 post-natal, compared with 29 and 21 respectively in 1953. Except in a few rural areas this scheme has been superseded by the Maternity Medical Services.

MATERNAL MORTALITY.

Under the Ministry's scheme for the investigation of maternal deaths, investigation was initiated in four instances during the year and reports from consultant obstetricians obtained and forwarded to the regional assessor appointed by the Ministry of Health. All of these patients died in hospital, one following confinement there; one died from a complication of pregnancy and two, although pregnant, primarily as a result of other long-standing conditions. None of them was attended during pregnancy by the domiciliary midwifery service.

INFANT WELFARE CENTRES AND HEALTH VISITORS' CENTRES.

The 59 infant welfare centres open in 1954 are shown in the following table. No new infant welfare centre was opened in 1954 and none closed.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1954.
ALDBOURNE. The Church Room.	3rd Thursday, 2.30—4 p.m.	Drs. Mills, Varvill and Osmond (in rotation). ‡Miss Wookey.	M.O. attends every session.	185
ALDERBURY. The Chapel Room.	3rd Wednesday, 3—4.30 p.m.	†Dr. Lishman and ‡Mrs. Jarvis.	M.O. attends every session.	156
AMESBURY. Youth and Community Centre, Kitchener Rd.	1st and 3rd Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 3rd Tuesday.	618
ASHTON KEYNES & LEIGH. Parish Hall.	1st Wednesday, 3 p.m.	Dr. Thomson and District Nurse.	M.O. attends every session.	147
BOSCOMBE DOWN R.A.F. STATION. C. of E. Community Centre.	2nd and 4th Tuesdays, 2.30—4 p.m.	†Dr. Hammond and ‡Miss Faulkner.	M.O. attends 4th Tuesday.	497
BOX. Bingham Hall.	2nd and 4th Fridays, 2—4 p.m.	†Dr. Voigt and District Nurse.	M.O. attends 2nd Friday.	306
BOXFIELD. Community Centre.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Voigt and ‡Miss Francis.	M.O. attends 1st Friday.	418
BRADFORD-ON-AVON. Church House, Church Street.	2nd and 4th Tuesdays, 2.15 p.m.	†Dr. Killoh and ‡Miss Francis.	M.O. attends every session.	668
BROADCHALKE. The Village Hall.	1st Wednesday, 2 p.m.	Dr. Brown and ‡Mrs. Jarvis.	M.O. attends every session.	76

†County Medical Staff.

‡Whole-time Health Visitor.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1954.
BROMHAM. The Village Hall.	2nd and 4th Wednesdays, 2.30—4 p.m.	† Dr. Killoh and ‡ Mrs. Fielding.	M.O. attends 4th Wednesday.	305
BULFORD. The Infant Welfare Centre, Horne Road.	2nd and 4th Tuesdays, 2—4.30 p.m.	† Dr. Hammond and District Nurse.	M.O. attends 2nd Tuesday.	288
CALNE. Youth Centre, Recreation Ground.	1st and 3rd Thursdays, 2—4 p.m.	† Dr. Johnson and ‡ Mrs. Ladd.	M.O. attends every session.	594
CHIPPENHAM. St. Andrew's Church Hall.	Every Tuesday, 2—5 p.m.	† Dr. Broomhead, ‡ Mrs. Powell and ‡ Miss MacNeil.	M.O. attends every session.	3375
Methodist Schoolroom, Sheldon Road.	1st and 3rd Wednesdays, 2—4.30 p.m.	† Dr. Broomhead, ‡ Mrs. Powell and ‡ Miss MacNeil.	M.O. attends 1st Wednesday.	804
CHISELDON. The Calley Memorial Hall.	2nd and 4th Thursdays, 2—4 p.m.	Dr. Borelli and ‡ Miss Cowley.	M.O. attends 4th Thursday.	323
CORSHAM. County Council Clinic.	Every Thursday, 2—4 p.m.	† Dr. Broomhead and ‡ Mrs. Ferman.	M.O. attends every session.	1316
CRICKLADE. Town Hall.	4th Monday, 2—4 p.m.	† Dr. McElroy and ‡ Miss Wilding.	M.O. attends every session.	165
DEVIZES. The Community Centre, The Green.	2nd and 4th Thursdays, 2—4 p.m.	† Dr. Killoh and ‡ Miss Lake.	M.O. attends every session.	806
DEVIZES (Military families). Prince Maurice Barracks.	1st Wednesday, 2—4 p.m.	Military Medical Officer and ‡ Miss Lake.	M.O. attends every session.	204
DOWNTON. Memorial Hall.	4th Friday, 2.30 p.m.	Dr. A. J. Soutar and ‡ Mrs. Jarvis.	M.O. attends every session.	239
DURRINGTON. Memorial Hall.	Every Thursday except first and third, 2.30—4 p.m.	† Dr. Mackay and ‡ Miss Faulkner.	M.O. attends 2nd and 4th Thursday.	771
EAST KNOYLE. Village Hall.	1st Wednesday, 2.30—4 p.m.	† Dr. Lishman and ‡ Miss Coleman.	M.O. attends every session.	159
GREAT BEDWYN. The Challoner-Ellis Hall.	2nd Wednesday, 2—4 p.m.	† Dr. Mackay and County Health Visitor (appointment vacant).	M.O. attends every session.	143
HIGHWORTH. St. Michael's Church Hall.	1st and 3rd Tuesdays, 2—4 p.m.	† Dr. Voigt and ‡ Miss Wilding.	M.O. attends 1st Tues- day.	853
LANDFORD. Women's Institute Hut.	3rd Thursday, 2.30 p.m.	Dr. Whitehead and ‡ Mrs. Jarvis.	M.O. attends alternate even months.	109
LARKHILL. Welfare Centre, The Packway.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	1161
LAVERSTOCK. Hill Hall, Church Road.	2nd Wednesday, 2.30—4 p.m.	† Dr. Lishman and ‡ Miss Norman.	M.O. attends every session.	92
LUDGERSHALL. The Sports Club, Tidworth Road.	Last Wednesday, 1.45 p.m.	Dr. Drake and County Health Visitor (appointment vacant).	M.O. attends every session.	203
LYDIARD PARK. Community and Youth Hut, Lydiard Park Estate	1st Monday, 2.30—4.30 p.m. 3rd Monday, 3—4 p.m.	† Dr. McElroy and ‡ Miss Cowley.	M.O. attends 1st Monday.	221
LYNEHAM. Village Hall.	3rd Thursday, 2—4 p.m.	† Dr. McElroy and District Nurse.	M.O. attends every session.	411
LYPPIATT CAMP. No. 23 Military Families Camp.	1st and 3rd Mondays, 2 p.m.	† Dr. Broomhead and ‡ Mrs. Ferman.	M.O. attends 3rd Monday.	136
MALMESBURY. The Moravian Church Hall, Oxford Street.	1st and 3rd Wednesdays, 2.30 p.m.	† Dr. Voigt and ‡ Miss Jackson.	M.O. attends first Wednesday.	446
MARLBOROUGH. Wesleyan Sunday School, New Road.	1st Friday, 2.30—4 p.m.	† Dr. Mackay and ‡ Miss Wookey	M.O. attends every session.	96
MELKSHAM. Old Bank House.	Alternate Thursdays, 2—4.30 p.m.	Dr. Schofield and ‡ Mrs. Burton.	M.O. attends every session at 3 p.m.	1234
MERE. Lecture Hall, Salisbury Street.	1st and 3rd Tuesdays, 2.30—4 p.m.	Dr. Morse and Dr. Alexander (in six- monthly rotation) and ‡ Miss Coleman.	M.O. attends 1st Tuesday.	410
NETHERAVON. Parish Hall, Fittleton.	2nd and 4th Wednesdays, 2.30—4 p.m.	† Dr. Hammond and ‡ Miss Faulkner	M.O. attends 4th Wednesday.	177

†County Medical Staff.

‡Whole-time Health Visitor.

Centre.	Day of Month and Time Centre is Open.	Names of Medical Officer and Nurse.	Remarks.	Number of Attendances, 1954.
NOMANSLAND. The Chapel Schoolroom.	2nd Thursday, 3 p.m.	Dr. Whitehead and ‡Mrs. Jarvis.	Alternate (odd) months.	104
NORTH BRADLEY. Progressive Hall.	2nd and 4th Wednesdays, 2.30 p.m.—4 p.m.	†Dr. Whittles and ‡Miss Slade.	M.O. attends 4th Wednesday.	350
PERHAM DOWN. The Welfare Hut, Medical Centre.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	252
PEWSEY. The Foresters Hall.	1st Thursday, 2.30 p.m.	Dr. M. Hynes and County Health Visitor (appointment vacant).	M.O. attends every session.	159
PURTON. Red House.	2nd and 4th Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Miss Wilding.	M.O. attends 2nd Tuesday.	461
RAMSBURY. The Memorial Hall, High Street.	1st Thursday, 2.15—3.30 p.m.	Dr. Mills and ‡Miss Wookey.	M.O. attends every session.	232
REDLYNCH. St. Birinus Hall, Morgans Vale.	2nd Friday, 3—4.30 p.m.	Dr. Whitehead and ‡Mrs. Jarvis.	M.O. attends every session.	373
SALISBURY. Hulse Clinic, General Infirmary.	Every Tuesday and Friday, 2—4 p.m.	†Dr. Wright ‡Mrs. Soilleux and Miss Cross.	M.O. attends every session.	3038
St. Michael's Parish Hall, St. Michael's Road.	Every Thursday, and 4th Monday, 2—4 p.m.	†Dr. Hammond, ‡Miss Morris and other Salisbury Health Visitors as available.	M.O. attends every session,	2727
STRATTON ST. MARGARET. Methodist Schoolroom, Lower Stratton.	4th Thursday, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Bodle.	M.O. attends every session.	233
TIDWORTH. St. Patrick's Road.	Alternate Tuesdays, 2—4 p.m.	Military Medical Officer and District Nurse.	M.O. attends every session.	778
TISBURY. Red Cross Hut, The Avenue.	2nd Tuesday, 2.30 p.m.	Dr. Kennedy and ‡Miss Coleman.	M.O. attends each session.	286
TROWBRIDGE. County Council Clinic, The Halve.	Every Tuesday and Thursday, 2—4 p.m.	†Dr. Murray, ‡Mrs. Fielding and ‡Miss Drew.	M.O. attends every Tuesday.	3428
UPPER STRATTON. St. Philip's Church Hall.	1st and 3rd Fridays, 2—4 p.m.	†Dr. McElroy and ‡Mrs. Bodle.	M.O. attends 1st Friday.	368
WANBOROUGH. St. Andrew's Church Hall, High Street.	2nd and 4th Mondays, 2—4 p.m.	†Dr. McElroy and ‡Miss Cowley.	M.O. attends 2nd Monday.	234
WARMINSTER. Methodist Schoolroom, George Street.	1st and 3rd Fridays, 2—4 p.m.	†Dr. Reynolds and ‡Miss Hills.	M.O. attends every session.	825
WESTBURY. Methodist Schoolroom, Station Road.	Every Thursday, 2—4 p.m.	†Dr. Reynolds and ‡Miss Slade.	M.O. attends 1st, 3rd and 4th Thursdays.	614
WEST HARNHAM. Methodist Hall, Parsonage Green.	1st and 3rd Mondays, 2—5 p.m.	†Dr. Hammond, ‡Miss Cross and other Salisbury Health Visitors as available.	M.O. attends every session.	458
WHITEPARISH. The Melchett Hall.	Last Tuesday, 2.30 p.m.	Dr. Jepson and ‡Mrs. Jarvis.	Alternate (odd) months.	191
WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays, 2—4 p.m.	Dr. Lane and ‡Miss Norman.	M.O. attends every session.	485
WINTERSLOW. Parish Hall.	1st and 3rd Fridays, 2.30 p.m.	†Dr. Lishman and local Health Visitor.	M.O. attends 1st Friday.	835
WOOTTON BASSETT. Memorial Institute.	1st and 3rd Tuesdays, 2—4 p.m.	†Dr. McElroy and ‡Miss Cowley.	M.O. attends 1st Tuesday.	456
WROUGHTON. Ellendune Hall.	1st and 3rd Thursdays, 2.30—4 p.m.	Dr. Calnan and ‡Mrs. Bodle.	M.O. attends 1st Thurs- day.	481

†County Medical Staff.

‡Whole-time Health Visitor.

In the County excluding Swindon there was a total of 35,480 attendances, compared with 36,710 last year.

At the end of the year 37 health visitors' centres were open. Four centres were closed during the year in areas where the attendance did not justify continuance and three new ones started. There were 6,400 attendances.

Two thousand four hundred and seventy-five children attending infant welfare centres were under one year of age. Infants attending health visitors' centres before their first birthday are estimated to have been 400. There is no doubt, therefore, that in Wiltshire slightly more than half of the babies born are brought to one of our child welfare centres before their first birthday.

A good deal of voluntary help continues to be given in the centres, principally with the registration of the babies, the issue of Government welfare foods, and proprietary foods issued under the County scheme.

During the year the following amounts of proprietary foods were supplied to infant welfare centres for issue (the 1953 figures being shown in brackets):—

Infant Milk Foods	...	...	...	...	8,388 lbs. (9,483)
Baby Cereal	...	...	...	...	3,516 pkts. (3,684)
Strained Baby Foods (Meat, Fruit, Vegetables, etc.)	...	...	...	...	1,212 tins (1,380)
Nutrients (chiefly malt and oil preparations)	...	...	...	...	5,040 containers (5,112)
Baby Rusks	...	...	...	...	1,806 pkts. (1,488)
Glucose	...	...	...	...	1,812 containers (2,628)
Malted Milk	...	...	...	...	900 tins (1,080)
Teats and Accessories	...	...	...	...	924 (918)
Booklets	...	...	...	...	72

CARE OF PREMATURE INFANTS.

The sets of equipment for the care of premature babies in their own homes maintained at 12 centres in the County continued to be available whenever required. Although less than one-quarter of the premature infants born alive are born at home, and approximately one-fifth of these are transferred to hospital, this equipment has continued to prove valuable.

Seventy-four babies who were 5½lb. or less in weight at birth and, therefore, classed as premature, were born in their own homes during the year; 15 were transferred to hospital within the first month, and of the 59 who remained at home only six died during that period. Two hundred and thirty-eight premature babies were born in hospital, and four in nursing homes.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS OF AGE.

There are thirteen maternity dental clinics. All ante-natal clinics, maternity hospitals and district midwives have been issued with stocks of appointment cards for these clinics. Every expectant mother should, therefore, on first booking at hospital or for home confinement, automatically receive an appointment for free dental examination.

Preventive dental work for children under five includes visits twice yearly of dental officers to all but the smallest infant welfare centres for the dental examination of the children attending; at the smallest clinics the medical officers can offer immediately, where necessary, appointments at the nearest dental clinics. The extent to which these facilities are used by mothers and infants is shown in the Principal Dental Officer's report on page 12.

PROVISION OF MATERNITY OUTFITS.

Maternity outfits are available free from midwives for all domiciliary confinements and the number supplied during 1954 was 1,774.

DAY NURSERY PROVISION.

Accommodation in the day nurseries at Trowbridge and Salisbury, which have 25 and 35 places respectively, has been available for all children presented for admission on priority grounds, mainly social though occasionally medical. It has also been possible to accommodate all other children for whom application for admission has been made to enable the mother to work in order to augment the family income. Such children are of course admitted only on the understanding that, in the event of pressure on accommodation, their places would be vacated in favour of children with priority reasons for admission. In fact the fairly high rate of contribution required in accordance with the Committee's scale has resulted in the nurseries always having accommodation available.

It seems that day nursery accommodation for priority cases such as children of unmarried mothers, children of widows, and for other hardship cases, is likely always to be necessary to a limited extent and it is economic to fill the remaining places in the nurseries with children of other working mothers. This remaining accommodation might be more completely filled if it were possible to make some reduction in the present scale of contributions as many working mothers, after enquiry regarding admission, make other arrangements, possibly less favourable to the child, when they realise the high proportion of their earnings which will be taken by the contribution required.

DISTRIBUTION OF WELFARE FOODS.

Following the decision to close local food offices, the County Council took over from the Ministry of Food, at short notice, on the 28th June responsibility for the distribution throughout Wiltshire of Government welfare foods, viz.: National dried milk, cod liver oil, vitamin tablets and orange juice. This work is, appropriately, now part of the service for the care of expectant and nursing mothers and young children under the National Health Service Act.

Under the Ministry of Food arrangements part of the food had been distributed voluntarily at 146 local points, mainly private houses, clinics and shops, and almost all the volunteers concerned agreed to continue their work for the County Council, but the bulk had been distributed at food offices open full-time in 18 towns and large villages. To replace these offices centres were set up in the premises of the existing infant welfare clinics, opening on as many half days a week as appeared necessary to meet the public demand for food, and, following the lead given nationally by the Women's Voluntary Services, an appeal was made to the various women's organizations

to provide the necessary voluntary staff. Lady Fuller very kindly undertook to co-ordinate the recruitment of volunteers and the Women's Voluntary Services, British Red Cross Society, St. John Ambulance Brigade, Women's Institutes and others provided them. The volume of food distributed at Swindon, however, necessitated the appointment of a full-time clerk to serve the public from a distributing centre set up in the Health Centre. A full-time travelling clerk was appointed at County Hall to maintain liaison with the centres and to help and advise the volunteers.

The Ministry of Food eventually agreed that their contractors should deliver food from their depots at Bristol and Southampton to all but eleven of the 164 distribution points in the County, obviating the need for main depots and vans to be provided by the County Council. Stocks of food were taken over from food offices when they closed on 14th July, and when in August the Government withdrew the temporary storage facilities in some ex-food office premises in several towns, arrangements were, although with a little difficulty, made for the local storage of food and receiving deliveries, at all main centres. A small charge for storage and portage is paid at some main centres where storage is not permitted on the premises and where no-one is available to receive the deliveries. The contractors' delivery service continues to cover the points originally promised and several additional points, and only occasional use has now to be made of the Hospital Car Service, or the hire of private transport in emergencies, where the contractors' delivery is unduly delayed.

The travelling clerk made visits to all centres in 1954 but routine visiting has often to give way to special visits to clear up apparent discrepancies and other questions arising from stock reports, which can only be settled actually at the distribution point.

At the end of the year main centres were open as in the following table and there were 159 local distribution centres.

Centre.	Open.	Voluntary Organiser of the Centre.
*AMESBURY. Youth and Community Centre, Kitchener Road.	Tuesday, 10—noon and 2—4 p.m. Friday, 10—noon	Mrs. Muggleton, Red House Farm, Amesbury.
*BRADFORD-ON-AVON. Church House, Church Street.	Tuesday, 2.30—4.30 p.m. Friday, 10—noon and 2.30—4.30 p.m.	Mrs. Newman, 12 Tory Place, Bradford-on-Avon.
*CALNE. The Youth Centre, Recreation Ground.	Thursday, 10—noon and 2—4 p.m.	Mrs. Murphy, The Close, Cher- hill, Calne.
*CHIPPENHAM (ST. ANDREW'S). St. Andrew's Church Hall, Chippenham.	Tuesday, 10—noon and 2.30—4.30 p.m. Friday, 2—4 p.m.	None at present.
*CHIPPENHAM (SHELDON ROAD). Methodist Schoolroom, Sheldon Road.	Wednesday, 2—4 p.m.	Mrs. Hutt, 28, Hill Rise, Chip- penham.
*CORSHAM. County Council Clinic, Fuller Avenue.	Monday, 2—4 p.m. Wednesday, 10—noon. Thursday, 2—4 p.m.	Mrs. Malpas, High Street Gar- age, Corsham.
*DEVIZES. The Community Centre, The Green.	Monday, 10—noon and 2—4 p.m. Thursday, 10—noon and 2—4 p.m.	Mrs. Proudman, "Annaleigh," Pans Lane, Devizes.
*MALMESBURY. Moravian Church Hall, Oxford Street.	Wednesday, 10—noon and 2—4 p.m. Friday, 2—4 p.m.	Mrs. Ingram, Westport School House, Malmesbury.
*MARLBOROUGH. Wesleyan Sunday School, New Road.	Friday, 10—noon and 2—4 p.m.	Mrs. Milford, High Kingsbury, Marlborough.
*MELKSHAM. Old Bank House, Bank Street.	Tuesday, 9.30—noon. Thursday, 9.30—noon and 2—5 p.m.	Mrs. J. R. Mills, 20 King Street, Melksham.
*MERE. The Lecture Hall, Salisbury Street.	Tuesday, 2—4 p.m.	Miss Rutter, Newport House, Mere.
*PEWSEY. Forrester's Hall (adjoining Royal Oak).	Thursday, 10—noon and 2—4 p.m.	Mrs. Morton Fisher, Chisenbury Priory, Pewsey.
SALISBURY. Day Nursery, College Street.	Tuesday, 10—noon and 2—4 p.m. Thursday, 10—noon. Friday, 10—noon.	Mrs. Holmes, 7, Assisi Road, Salisbury.
*TIDWORTH. Infant Welfare Centre, St. Patrick's Road.	Tuesday, 2—4 p.m. Friday, 2—4 p.m.	Mrs. Muggleton, Red House Farm, Amesbury.
*TROWBRIDGE. County Council Clinic, The Halve.	Tuesday, 10—noon and 2—4 p.m. Wednesday, 10—noon. Thursday, 2—4 p.m. Friday, 10—noon and 2—4 p.m.	Mrs. R. Mackay, Courtfield House, Polebarn Road, Trow- bridge.

Centre.	Open.	Voluntary Organiser of the Centre.
WARMINSTER. W.V.S. Centre, 14A, Market Place.	Monday, 10.30 a.m.—12.30 p.m. Tuesday, 2.30—4.30 p.m. Thursday, 10.30 a.m.—12.30 p.m. Friday, 2.30—4.30 p.m.	Mrs. Brely, W.V.S. Centre, 14A Market Place, Warminster.
*WESTBURY. Methodist Schoolroom, Station Road.	Monday, 2.30—4.30 p.m. Thursday, 2—4 p.m.	Mrs. Bannister, "Hedgerley," 19, Station Road, Westbury, and Mrs. Pearman, 1, Eden Vale, Westbury (jointly).
*WILTON. Dr. Lane's Surgery, West Lodge.	1st and 3rd Thursdays of each month, 2—4 p.m.	Mrs. B. L. Lush, "Highlands," Shaftesbury Road, Wilton, Salisbury.
SWINDON. Health Centre, Faringdon Road.	Monday-Friday, 9.30 a.m.—12.30 p.m. and 2—5 p.m. Saturday, 9.30 a.m.—noon.	County Council staff.

The Centres marked * are also Infant Welfare Centre premises where the food is distributed as part of the activity of the clinic as well as at the additional sessions necessary.

Three centres were closed during the year and 17 new centres opened. New centres in villages where there are no clinics, are established in private houses in preference to shops.

In addition to issues to the public, supplies of food have to be issued to hospitals, private nursing homes, day and residential nurseries and other institutions.

In the six months ended 31st December, 1954, the following amounts of food were distributed:

National dried milk (full cream and half cream)	70,355 tins
Cod liver oil	17,781 bottles
Vitamin A & D tablets	4,428 packets
Orange juice	85,415 bottles

(These amounts do not include issues made in Swindon, although these are accounted for centrally at County Hall.)

Thanks are due to the large number of volunteers for their willing and effective help, and to the County headquarters of the Women's Voluntary Services and the other organizations who helped to find volunteers for new centres and to replace volunteers resigning. This voluntary work, and the eventual decision of the Ministry of Food to continue their arrangements for delivery of foods to our centres, enabled an efficient service to be maintained without the heavy expenditure on staff and transport which at first appeared likely to be necessary.

CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

The County Council's arrangements with the Salisbury and Bristol Diocesan Associations for Moral Welfare continued in 1954, whereby, with the assistance of grants from the County Council, the Associations maintained three diocesan welfare workers for these duties additional to the three originally employed. The work of all these was co-ordinated with the relevant County Council services by the senior health visitor. Central records are kept of unmarried mothers assisted and the total during 1954 was 227.

MOTHER AND BABY HOMES.

During the year 50 girls were admitted to the Girls' Hostel, Devizes, organised by the Salisbury Diocesan Association in conjunction with the County Council. The Council takes financial responsibility, based on actual cost, in all approved cases apart from the girl's contribution. The maintenance rate remains somewhat lower than comparable homes and the Council's policy has always been to use this home fully before arranging admissions elsewhere, except for young girls needing training in specialised homes. Fifteen unmarried mothers were sent during the year to the Mother and Baby Home at Salisbury organised by the Diocesan Association and 7 to homes outside the County; these were mostly young girls needing training.

BIRTH CONTROL.

Voluntary family planning clinics are available at Swindon, Trowbridge, Amesbury, Salisbury and Bath, and women recommended for advice on medical grounds by County staff are referred there. In necessitous cases the cost of consultation and equipment is met by the County Council and in 1954 this was done in 34 instances.

CO-OPERATION WITH THE CONSULTANT CLINICS PROVIDED BY REGIONAL HOSPITAL BOARDS FOR ORTHOPAEDIC, OPHTHALMIC AND EAR, NOSE AND THROAT CASES.

The County Council have continued to co-operate in the arrangements for the attendance of children at the out-patient clinics provided by the regional hospital boards, mainly in arranging invitations with parents, following up persistent refusals to attend, and in the interchange of medical records. This is a particularly useful form of co-operation from the County Council's point of view, as medical officers of welfare centres and others recommending patients for treatment can be informed promptly of the results of their attendance at the out-patient clinics.

REPORT OF THE CHIEF DENTAL OFFICER.

The work involved in carrying out the commitments under Section 22 of the National Health Service Act presents special problems in a rural area. The aim is to visit infant welfare centres every six months in order to examine the mouths of children under five years of age and any expectant and nursing mothers who find it more convenient to attend the centre than the maternity dental clinic and to offer treatment if necessary. There are some isolated centres, however, with few attendances which are not visited and others where the visits have been discontinued because the numbers presented for dental inspection have been too low. To avoid high travelling expenses it has been possible for the dental officer to visit two neighbouring centres during the same session on 13 occasions. The accommodation provided is often unsuitable for dental inspection and treatment is seldom possible at the Centre.

At centres which are not visited by the dental officer, patients are referred direct to a treatment clinic by the centre medical officers, midwives and district nurses. This is not a good substitute for the dental officer's visit as many dental defects cannot be discovered without a detailed examination by a dentist with a mirror and probe. The result is that minor defects may be overlooked and patients wait until pain or some obvious defect compels them to seek treatment, when it is often too late to conserve the teeth.

When there is no accommodation for treatment at the centre many patients are compelled to travel a considerable distance to a central clinic for treatment. In spite of the fact that many mothers are particularly aware of the need for dental care, it is still difficult to persuade some patients of its importance. When travelling facilities to the central clinic are bad it is even more difficult. Housewives with a family find it difficult to attend many appointments which may be necessary for extensive treatment so that complete treatment cannot be carried out.

The best results are obtained at centres such as Salisbury or Trowbridge where a reasonable number attend each session and where patients can be referred direct to the dental officer whose surgery is within the same premises. If sufficient patients are not forthcoming from the centre to occupy the full time of the dental officer, appointments can be made for school children during the same session.

There is much scope for expansion in the dental scheme for expectant and nursing mothers and children under five years of age. There are approximately 6,000 births every year, but only 684 mothers and 982 children were examined by the County dental staff during 1954. Some expectant and nursing mothers have treatment by private practitioners but few children under five years appear to receive treatment from this source, unless in an emergency. It is difficult to expand the present service while the shortage of dentists persists.

A very important aspect of this work is its educational value. Some children become good, regular patients with no fear of the dentist. Some parents accept the advice given by the dental officer during his visit and exercise the necessary supervision over their children's dental hygiene. By following this advice they can ensure, to a large extent, a healthy dentition for their children and prevent much of the colossal expenditure on dentures in later years.

While there is little change in the numbers examined and treated, it is regretted that the numbers of fillings for expectant and nursing mothers has decreased and, with the increased use of general anaesthesia, the number of teeth extracted has risen. This also accounts for the rise in the number of dentures provided and may be due to some extent to the knowledge that dentures can be provided free by local authorities.

The work done can be examined in the following tables:—

RECORD OF DENTAL WORK UNDER SECTION 22, NATIONAL HEALTH SERVICE ACT, 1946

(Figures for the previous year are shown in brackets)

(a) Numbers provided with dental care.

	Examined.	Needing Treatment.	Treated.	Made Fit.	Extractions.		Administra- tions of General Anaesthetics.	Crowns or Inlays.
					Local. Anaesthetics.	General Anaesthetics.		
Expectant and nursing mothers	684 (784)	607 (741)	544 (695)	364 (258)	491 (629)	694 (313)	91 (57)	3 (—)
Children under 5	982 (585)	657 (530)	517 (381)	368 (237)	128 (70)	526 (264)	191 (101)	— (—)
Totals ...	1666 (1642)	1264 (1271)	1061 (1076)	732 (495)	619 (699)	1220 (577)	282 (158)	3 (—)

(b) Forms of dental treatment provided.

	Fillings.	Silver Nitrate Treatment.	Other Operations.	Radio-graphs.	Dentures provided.		Dentures; Repaired.	Attendances for Treatment.
					Complete.	Partial.		
Expectant and nursing mothers	630 (1208)	12 (8)	929 (914)	28 (33)	84 (35)	146 (113)	4 (4)	1778 (2090)
Children under 5	399 (387)	361 (355)	148 (124)	1 (3)	— (—)	— (—)	— (—)	939 (681)
Totals ...	1029 (1595)	373 (363)	1077 (1038)	29 (36)	84 (35)	146 (113)	4 (4)	2717 (2771)

SECTION 23—MIDWIFERY SERVICE

The number of practising midwives in the area at the end of the year was as follows:—

Domiciliary midwives (a) employed by County Council	...	...	76
(b) Hospital Management Committee	...	...	2
Hospital midwives	...	...	52
Midwives in private practice (including those in Nursing Homes)	...	...	8
			138

ARRANGEMENTS FOR SUPERVISION OF MIDWIVES.

Both the County Medical Officer and Deputy are authorised to undertake the medical supervision of midwives and their routine non-medical supervision is undertaken by the Superintendent Nursing Officer and the Supervisor of Midwives, who is also Deputy Superintendent of the home nursing service. These two nursing officers divide the county geographically between them.

Effective supervision of midwives in those hospitals where the County Council continues to be responsible for the supervision of midwives but is not the controlling body remains difficult.

ANALGESIA.

All domiciliary midwives employed at the end of the year were trained in the administration of gas and air analgesia. It was administered in 1,406 cases during the year. Pethidine was administered by midwives in 1,093 domiciliary cases.

HOUSING ACCOMMODATION FOR MIDWIVES.

A County Council bungalow for the district nurse midwife at Chisledon was completed during the year. A site has been secured for a similar bungalow at Tisbury and others will probably become necessary as nurses living in their own properties retire. An attempt is always first made to obtain a Council house, and district councils have been co-operative in making them available for district nurses and midwives. With all new bungalows garage accommodation is provided, and garages have been added to a number of existing houses.

TRANSPORT.

With few exceptions midwives in the county service possess cars and are paid mileage allowances on the national scale. A few use cars provided and maintained by the County Council and are allowed a limited mileage for private purposes on payment of an annual sum of £23 and 2½d. a mile for cars up to 8 h.p., or £26 and 2¾d. a mile for cars exceeding 8 h.p.

GENERAL.

The following table gives a summary of the work done during the year by all midwives in the County, excluding Swindon:—

Category.	Domiciliary Cases.								Cases in Institutions.	
	Doctor not booked.				Doctor booked.					
	Doctor present at delivery.		Doctor not present.		Doctor present at delivery.		Doctor not present.			
County Council Midwives ...	5	(11)	41	(45)	174	(181)	1310	(1409)	—	(—)
Midwives employed by Hospital Management Committee ...	2	(—)	117	(99)	9	(4)	90	(95)	2630	(2562)
Private Midwives	2	(—)	1	(—)	6	(17)	1	(1)	63	(98)
TOTALS	9	(11)	159	(144)	189	(202)	1401	(1505)	2693	(2660)
Grand Total ...									4451	(4522)

The figures in brackets are those for 1953, for comparison.

County midwives were asked during the year to attend 130 women discharged from maternity homes before the fourteenth day.

Two short series of evening lectures were given by the hospital Consultants in Physical Medicine to district nurses in the Salisbury and Swindon areas. The subject of both was the rehabilitation of the chronic sick in their own homes, and these lectures have proved very useful.

MIDWIVES ACT, 1918.

Medical aid was summoned by midwives in 321 cases during the year, compared with 319 in the previous year. The corresponding number of claims by doctors was 13, so that it may be assumed that in approximately 308 cases the patient was already booked by the doctor under the maternity medical service.

SECTION 24—HEALTH VISITING

At the end of 1954 there were 24 health visitors on the County staff, apart from Swindon, and two vacancies. Vacancies are proving increasingly difficult to fill, particularly in certain areas, and serious gaps occur in the service occasionally.

The Minister's policy that as soon as possible all infant visiting should be transferred to qualified health visitors has, with the general shortage of health visitors, resulted in the existing staff having an unduly heavy case load. It will not be possible to reduce this until after the remaining infant visiting undertaken by district nurses, now only a very small proportion, is transferred to health visitors.

It is hoped that, when three health visitor students whom it is intended to enter for training in 1955 have qualified, it will be possible to do this. Subsequent further increase of the health visiting staff will then lead to reduction in the case load and result in greater efficiency. It was unfortunately impossible in 1954, for reasons of economy, to accept students for training, as in previous years.

In spite of the handicaps outlined above, the general extension of the health visitor's work begun in 1948 has continued and the health visitor is increasingly concerned with the health of all members of the family and not children alone. This is particularly so in the care of the elderly with whom the health visitors have much contact as local organisers of the home help scheme. They are also concerned in visiting patients suffering from infectious diseases and tuberculosis, or those needing convalescence under the County scheme at holiday homes. In addition they make many home visits in co-operation with the hospital authorities to determine the need for priority of admission to maternity or chronic sick beds and in following up patients on discharge.

In all these activities it is the health visitor's endeavour to work in close co-operation with the family doctor and with this aim all practitioners have been informed of the health visitors available in the area of their practice in order that they may take advantage of the health visitors' help. A number are already on the telephone privately and it is intended shortly to provide telephones for others in rural districts at the County Council's expense.

Arrangements have also been made in several parts of the County for health visitors to call frequently at welfare homes where temporary accommodation is provided, in order to assist with questions of hygiene and in the rehabilitation of families admitted.

The register of problem families in the County continues to be kept and the number on the register at the end of 1954 was 100. Of these families 64 were found as a result of health visiting and the remaining 36 through the school health service. During 1954 the names of 25 families were added to the list and, generally through the efforts of the health visiting staff, the standard of care in 5 other families sufficiently improved for their names to be removed from the list. Constant close supervision is maintained by the health visitors of all families on the list, with frequent reports on which any necessary action is taken with the Children's Officer, the N.S.P.C.C., etc.

A circular was received from the Ministry of Health in November, 1954, on the prevention of break-up of families, suggesting that consideration should be given to the question of the need to employ a trained social case worker or a specially selected home help to work with mothers of problem families. The Health Committee had previously considered jointly with the Children and Welfare Committees the best means of helping and rehabilitating problem families and it had been decided that the Health Committee should engage social workers with special training and capabilities for preventive work. Since the Ministry's circular was received, financial provision has been made in the estimates which will be sufficient for the employment of additional home helps, and one whole time worker for households of this description.

The following table gives a summary of the work undertaken by the health visiting staff during 1954, with the figures for 1953 in brackets for purposes of comparison (excluding Swindon, the statistics for which are given on page 26).

Number of Children under 5 years of age visited during year.	Expectant Mothers.		Children under 1 yr. of age.		Children age 1 and under 2 years.	Children age 2 but under 5 years.	Tuber-culous households.	Other cases.	Total number of families or households visited by health visitor.
	First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.	Total visits.	Total visits.	
23051 (24786)	486 (666)	583 (800)	4563 (4657)	27336 (31564)	13425 (15846)	26378 (28010)	1139 (1139)	9336 (10184)	21591 (20955)

The number of live births (excluding Swindon) during the year, corrected according to domicile, was 5,135, and there were also 103 still births. The figures for 1953 were 5,272 and 107 respectively.

SECTION 25—HOME NURSING

At the end of the year there were 11 whole-time and 79 part-time home nurses.

The following table gives the districts with particulars of the work undertaken, including midwifery where the work of home nursing and midwifery is combined. For purposes of comparison the figures for the previous year are shown in brackets:—

Nursing Districts.	General Nursing.		Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)
	Cases Attended.	Visits Paid.	
Alderbury and Longford ...	88 (181)	403 (470)	15 (29)
Amesbury ...	19 (39)	601 (859)	46 (52)
Ashton Keynes ...	152 (82)	919 (704)	17 (14)
Bedwyn, Shalbourne, etc. ...	70 (74)	978 (584)	11 (11)
Blunsdon ...	184 (171)	726 (553)	20 (35)
Bourne Valley ...	129 (134)	1385 (1262)	24 (25)
Box ...	192 (286)	3847 (5475)	4 (9)
Bradford-on-Avon—Nurse I	90 (327)	3216 (2629)	4 (12)
Nurse II	101 (133)	2246 (1873)	11 (9)
Bratton ...	93 (114)	1106 (884)	8 (13)
Bromham ...	85 (79)	927 (1386)	10 (10)
Bulford ...	315 (164)	1636 (1346)	— (—)
Burbage and Easton ...	235 (166)	1515 (1130)	5 (11)
Calne Town—Nurse I	309 (311)	4739 (3837)	21 (12)
Nurse II	132 (97)	1912 (1767)	18 (10)
Calne Country ...	111 (85)	1328 (932)	24 (20)
Castle Combe ...	144 (193)	1402 (1137)	11 (6)
Chalke Valley ...	102 (109)	1067 (890)	26 (24)
Chippenham—Midwifery	— (—)	— (—)	83 (70)
General	243 (253)	2327 (3250)	— (—)
Chisledon ...	106 (94)	883 (809)	18 (12)
Codford ...	40 (105)	596 (426)	19 (22)
Colerne ...	58 (119)	1215 (932)	4 (9)
Collingbourne—Nurse I	60 (61)	990 (500)	25 (26)
Nurse II	95 (71)	804 (655)	17 (26)
Corsham—Midwifery	— (—)	— (—)	67 (69)
General—Nurse I	105 (214)	1986 (2481)	— (—)
Nurse II	224 (202)	2269 (2126)	— (—)
Cricklade ...	61 (50)	380 (245)	26 (31)
Devizes—Midwifery...	111 (107)	1193 (1196)	31 (37)
General	98 (112)	3704 (3792)	— (—)
Dilton Marsh ...	122 (131)	1468 (1065)	3 (6)
Donhead ...	97 (79)	775 (681)	8 (9)
Downton ...	104 (89)	714 (725)	22 (26)
Durrington ...	— (32)	— (199)	65 (66)
Fonthill ...	156 (149)	926 (1037)	21 (14)
Harnham ...	62 (85)	980 (1868)	22 (43)
Heytesbury ...	286 (314)	1941 (1822)	14 (10)
Highworth ...	73 (60)	913 (646)	35 (41)
Holt ...	64 (84)	879 (768)	7 (10)
Kilminster ...	367 (356)	1553 (1663)	18 (33)
Langley Burrell ...	48 (76)	721 (849)	14 (11)
Larkhill ...	245 (311)	1445 (1764)	— (—)
Lyneham and Clyffe Pypard	53 (56)	744 (822)	34 (34)
Malmesbury and Hullavington—Nurse I	77 (63)	818 (1074)	12 (12)
Nurse II	239 (312)	2977 (2820)	20 (18)
Marlborough and Overton—Nurse I	198 (158)	1849 (1372)	8 (14)
Nurse II	55 (99)	417 (674)	7 (11)
Melksham—Nurse I	59 (42)	824 (371)	23 (26)
Nurse II	47 (44)	686 (444)	25 (22)
Mere ...	58 (65)	1652 (844)	18 (19)
Netheravon ...	59 (62)	685 (418)	14 (19)
North Bradley ...	81 (66)	666 (649)	10 (13)
Pewsey ...	119 (100)	1716 (1482)	17 (25)
Pewsey Vale—Nurse I	39 (63)	707 (369)	11 (16)
Nurse II	40 (88)	445 (814)	8 (9)
Potterne ...	149 (94)	1273 (750)	4 (4)
Purton—Nurse I	80 (74)	425 (260)	29 (45)
Nurse II	36 (46)	282 (263)	25 (19)
Ramsbury ...	133 (166)	2095 (1702)	20 (21)
Salisbury—			
Midwifery (Infirmary Staff: 2 Midwives)	— (—)	— (—)	218 (198)
St. Martin's (General)	87 (92)	1416 (1551)	— (—)
Fisherton (General)	89 (96)	1198 (1513)	— (—)
St. Michael's (General)	71 (132)	1629 (2066)	— (—)
St. Edmund's and St. Thomas's	94 (346)	1678 (2164)	— (—)
St. Mark's	81 (98)	1349 (1171)	— (—)
Bemerton	92 (103)	1288 (1231)	— (—)
Seend ...	236 (258)	1244 (1376)	15 (19)
Sherston ...	223 (200)	2835 (2658)	8 (11)
Shrewton ...	79 (55)	706 (603)	24 (20)
Somerford ...	68 (88)	1122 (490)	18 (17)
Stratton St. Margaret—Nurse I	65 (74)	1232 (1227)	41 (37)
Nurse II	59 (64)	945 (728)	27 (25)
Sutton Veny ...	92 (32)	391 (920)	6 (10)
Tidworth and Perham Down	120 (122)	418 (547)	— (—)
Tisbury ...	125 (142)	633 (738)	25 (21)
Tollard Royal ...	25 (40)	120 (319)	2 (—)

Nursing Districts.	General Nursing.		Midwifery and Maternity. Total Cases Attended. (Average Case has 25-30 Visits.)
	Cases Attended.	Visits Paid.	
Trowbridge—Midwifery	— (—)	— (—)	45 (39)
General—Nurse I	369 (391)	2837 (2246)	— (—)
Nurse II	292 (320)	3922 (3421)	— (—)
Urchfont	95 (68)	702 (757)	10 (13)
Wanborough	209 (140)	801 (436)	15 (11)
Warminster—Nurse I	158 (163)	2869 (1856)	24 (32)
Nurse II	114 (133)	2153 (2012)	12 (28)
Westbury	83 (105)	556 (1418)	13 (17)
Whiteparish	29 (39)	1003 (981)	7 (6)
Wilton and Wishford	99 (115)	1312 (1756)	36 (25)
Winsley	215 (214)	1566 (1322)	7 (9)
Winterbourne Valley	91 (113)	1673 (1129)	20 (10)
Winterslow	377 (425)	1508 (1714)	11 (12)
Woodford	86 (84)	1627 (1860)	7 (8)
Wootton Bassett	170 (153)	1270 (1394)	40 (43)
Wroughton	277 (182)	2057 (1778)	36 (33)
TOTALS	11170 (12074)	120872 (115953)	1748 (1844)

The following is a brief analysis of the types of cases attended by the home nurses, giving the number in each category and also the number of visits paid during 1954:—

	Medical.	Surgical.	Infectious Diseases.	Tuberculosis.	Maternal Complications.	Others.	Totals.
Number of Cases Attended ...	6872	2886	163	50	102	1097	11170
Number of Visits Paid	82183	28176	652	1707	782	7372	120872

Every endeavour has been made to secure close co-operation with hospitals and, in the area of one hospital board, a system of prompt notification of discharge to district nurses is in operation by the use of a form sent directly to the nurse, who forwards it to the County Medical Officer after she has taken the necessary action.

In the other areas, the hospital groups concerned either arrange the follow-up of patients directly through the practitioner, or the district nurse.

SECTION 26

VACCINATION.

During the year general practitioners were paid the agreed fee of 5s. 0d. for records received of 3,089 primary vaccinations and 1,000 re-vaccinations. The figures for 1953 were 2,715 and 910 respectively. Of the total of 3,089 primary vaccinations 2,434 were of infants, which indicates continued improvement in this field. Propaganda through health visitors and infant welfare centres is supplemented by a leaflet posted to every mother when her child is about three months old. This is later followed up, if necessary, by a special visit by the health visitor if the family doctor has not, within a reasonable length of time, sent in a record of vaccination being performed.

DIPHTHERIA IMMUNISATION.

During the year 5,031 primary immunisations and 5,820 reinforcing injections were carried out by County Council staff and general practitioners, compared with 3,610 and 5,665 in 1953. Of the total of 10,851 primary immunisations and reinforcing injections, 3,867 were undertaken by general practitioners.

Propaganda through health visitors and head teachers continues, and is reinforced by a letter to every parent when the child is about 8 months old. If necessary, this is followed by another letter and finally a special visit by a health visitor. Parents are approached again through head teachers as children become 5 and 10 years of age, in order to urge consent to the necessary reinforcing injections.

The following table shows the number of children under the age of 15 immunised at the 31st December, 1954:—

Number of Children who had completed a course of Immunisation in the period 1st January, 1950, to 31st December, 1954:—						
Age at December 31st, 1954, i.e., Born in Year.	Under 1 1954.	1—4 1953—1950	5—9 1949—1945	10—14 1944—1940	Total under 15.	
Number immunised	254	12,675	18,051	12,703	43,683	

SECTION 27—AMBULANCE SERVICE

The work undertaken by the County Ambulance Service during the year 1954 is outlined in the following table. The corresponding figures for the year 1953 are given in brackets. It will be seen that the number of patients and journeys increased as did the mileage.

	PATIENTS.		JOURNEYS.			Mileage.
	Accident or Emergency.	Other.	Patient Carrying.	Abortive or Service.	Other.	
AMBULANCES.						
County Council Ambulances ...	3,121 (2,790)	22,780 (23,000)	8,641 (8,741)	140 (114)	8 (3)	242,941 (245,275)
Salisbury S.J.A.B.	1,453 (1,484)	4,432 (4,803)	4,285 (4,631)	76 (68)	4 (11)	67,475 (72,512)
Other Voluntary Ambulances	322 (367)	1,371 (2,236)	747 (852)	16 (7)	0 (—)	31,091 (32,878)
Total Ambulance Work ...	4,896 (4,641)	28,583 (30,039)	13,673 (14,224)	232 (189)	12 (14)	341,507 (350,665)
SITTING CASE CARS.						
County Council Cars (up to 4 passenger seats)	403 (506)	7,262 (14,032)	2,885 (4,408)	394 (375)	17 (3)	99,402 (147,086)
County Council Cars (over 4 passenger seats) ...	704 (490)	42,243 (34,404)	7,836 (6,796)	58 (43)	11 (52)	241,251 (205,409)
County Car Pool	124 (63)	63,369 (56,351)	19,579 (19,373)	208 (201)	51 (61)	624,220 (582,624)
Other Voluntary Units ...	21 (30)	3,287 (2,725)	531 (459)	2 (3)	— (—)	13,144 (11,709)
Car Hire	— (—)	3,988 (1,574)	350 (48)	— (—)	— (—)	16,034 (3,806)
Total Sitting Case Work	1,252 (1,089)	120,149 (109,086)	31,181 (31,084)	662 (622)	79 (116)	994,051 (950,634)
RAIL TRANSPORT	150	(155)	129	(117)		

It is gratifying to see that the patients per journey again increased while the average number of miles travelled by each patient fell. The figures for the last three years are given below.

		1952	1953	1954
Patients per journey ...	...	1.93	3.13	3.38
Miles per patient ...	...	9.59	8.98	8.62

Mental defectives attending at occupation centres continued to be provided with transport by the ambulance service where necessary. The mileage was 134,405, an increase of nearly 4,000 over the figure for 1953 and almost 30,000 more than in 1952.

Co-operation from doctors and hospital authorities has on the whole been good. Although the demand for the service has increased it has been difficult to show any definite abuse. The practice of taking up with the hospital or doctor any request which on the surface appears unwarranted, has been continued and on most occasions a good reason has been produced to justify the request. It has been impossible with the present clerical staff to keep an adequate day to day check on the demand from particular sources or to adequately compare the demand from different sources where the potential need would appear to be similar. Such a day to day check might show that different standards are being applied as between hospitals and doctors when assessing need for special transport and, in any case, if representations are to be made, particularly to hospitals (where the volume of demand is greatest), they should be made without delay to allow effective investigation. A periodical return of total mileage does not meet this requirement and in any case may be misleading because increases in one source of demand may be masked by decreases in others.

Once again the service has received great assistance from the County car pool drivers who undertook nearly two thirds of the total car mileage. There is no doubt that in a rural county such as Wiltshire, it would considerably increase expenditure if this work were left entirely to the Council's staff. Ambulance Units of the British Red Cross Society and St. John Ambulance Brigade manned by volunteer drivers have again given valuable service, generally by undertaking long distance journeys which would otherwise have depleted the resources needed to cover emergency work.

The reluctance of doctors to agree to rail transport is noticeable. It is probably due to two main causes, the doubts of the patient and relatives and lack of realisation by all concerned of the extra comfort which train travel gives on a long journey. For stretcher patients a whole carriage in a corridor train is provided, close to the toilet compartment. The patient avoids the sway of a road vehicle when cornering, braking and accelerating, which is inevitable to some extent however

carefully the vehicle is driven. There is more room for the escort to give the necessary attention to the patient, as well as additional comfort for the escort. The patient is taken by ambulance to meet the train and met at the end of the train journey by another ambulance.

It is hoped that the value of train transport will become more appreciated as time goes on, and not solely on grounds of economy.

There has been no change during the year in the structure of the service. In December, the Ministry of Health undertook a survey of the Wiltshire Ambulance Service. They submitted a report which is under consideration at the time of writing.

SECTION 28—PREVENTION OF ILLNESS, CARE 'AND AFTER-CARE

(a) TUBERCULOSIS.

(b) MENTAL ILLNESS AND DEFECTIVENESS.

(c) OTHER TYPES OF ILLNESS.

{ Reports under these headings are made in the sections dealing with tuberculosis generally on page 34 and mental health on page 29.

A great deal of after-care, both of patients discharged from hospital and others certified as suffering from infectious diseases, is undertaken by the health visitors and more details of this work will be found in the section dealing with health visiting on page 14.

Forty-six convalescent patients were sent to 11 convalescent homes, mostly on the coast. In all cases two weeks' convalescent treatment is provided, but, if advised by the medical officer of the home, this is extended. The scheme is restricted to patients not needing medical or nursing care, and contributions towards the cost are required in accordance with a scale set by the County Council.

(d) HEALTH EDUCATION.

To augment the preventive work of the County medical, dental and health visiting staff, pictorial display sets and posters are used in infant welfare and other clinics, and leaflets and pamphlets on a wide variety of health subjects are distributed. In two clinics there are large exhibition stands portraying health education topics, each topic being exchanged regularly through the Central Council for Health Education. It is not always practicable for talks on health subjects to be given by doctors and dentists as part of the activities of infant welfare clinic sessions in the premises in which most of the rural clinics have to be held, but naturally every opportunity is taken in all our clinics for individual guidance in matters of general health education.

(e) PROVISION OF HOME NURSING EQUIPMENT.

The following are the medical loan depots run by the Red Cross and St. John Ambulance Brigade in conjunction with the County Council. In addition there is a central medical loan depot at County Hall for larger articles of equipment, such as foam rubber mattresses, spinal carriages, wheel chairs, etc.

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
AMESBURY. Red House Farm.	Mrs. I. Muggleton, Red House Farm, Amesbury. (Amesbury 2123.)
BOWERCHALKE. Sunningdale.	Mrs. M. Goodfellow, Sunningdale, Bowerchalke. (Broadchalke 251.)
BRADFORD-ON-AVON. Red Cross Hut, Trowbridge Road.	Mrs. Holbrook, 10 Mason's Hill, Bradford-on-Avon. (Bradford-on-Avon 3210.)
CALNE. Kingsbury Hall.	Mrs. E. M. Cousins, 93 Oxford Road, Calne.
CHARLTON. Red Cross Centre, Donhead.	Mrs. H. Baddeley, White Cottage, Middle Coombe, Shaftesbury.
CHIPPENHAM. Watchfield, Rowden Hill.	Mrs. G. E. Moss, Watchfield, Rowden Hill, Chippenham. (Chippenham 2265.)
COLLINGBOURNE. Chapel Hall, Collingbourne Kingston.	Mrs. Fribbance, Mayzells, Collingbourne Kingston. (Collingbourne Ducis 67.)
CORSHAM (1). St. John Ambulance Brigade Headquarters, Cricket Pavilion.	Mrs. D. Peters, 37 Arnolds Mead, Corsham. (Corsham 3361.)
CORSHAM (2). Red Cross Centre, Pound Pill.	Mrs. Joy, 17 The Tynings, Corsham. (Corsham 2205.)
CRICKLADE. Red Cross Room, The White Lion, High Street.	Miss O. Holloway, 79 High Street, Cricklade.
DEVIZES. Red Cross Hut, The Brittox, and Brighstone, The Breach.	Mrs. G. R. Child, Brighstone, The Breach, Devizes. (Devizes 402.)

Address of Depot.	Name and Address of Officer-in-Charge, and Telephone No., if any.
LAVINGTON. Southview Farm, Little Cheverell.	Mrs. B. E. M. Beaven, Southview Farm, Little Cheverell.
LUDGERSHALL. 10 Short Street.	Mrs. F. C. Neve, 10 Short Street, Ludgershall. (Ludgershall 246.)
MALMESBURY. The Clinic Room, Malmesbury & District Hospital.	Mrs. J. H. Humphreys, Milbourne Cottage, Malmesbury. (Malmesbury 3105.)
MARLBOROUGH. 35A High Street.	Mrs. W. M. Beard, "Glenbevan," Forestdale Road, Marlborough.
MELKSHAM. Place House, Place Road.	Mrs. W. J. Stratton, Place House, Place Road, Melksham. (Melksham 2285.)
MERE. Tudor Tea Rooms.	Mrs. P. Cross, Glebe Cottage, Church Street, Mere. (Mere 367.)
PEWSEY. The Girl Guide Hut.	Mrs. D. Rankin, Stable End, Pewsey.
PURTON. Hillcrest.	Mrs. Whyntie, Hillcrest, Purton. (Purton 331.)
RAMSBURY. 27 Council Houses.	Miss M. Edwards, 27 Council Houses, Ramsbury.
SALISBURY. St. John Ambulance Brigade Headquarters, 72 Fisherton Street.	Mr. T. H. Gray, Honorary Secretary, 72 Fisherton Street, Salisbury (Salisbury 4810).
STRATTON ST. MARGARET. Bramville, Highworth Road.	Mrs. A. C. Shaw, Bramville, Highworth Road, Stratton St. Margaret.
TISBURY. Red Cross Centre.	Miss B. Burt, Prospect House, Tisbury.
TROWBRIDGE. Courtfield House.	Mrs. Mackay, Courtfield House, Trowbridge. (Trowbridge 2048.)
WARMINSTER. Temporarily closed.	
WILTON. Westminster Lodge, The Hollows.	Mrs. N. Sharman, Westminster Lodge, The Hollows, Wilton.
WOOTTON BASSETT. Adjoining Red Lion Hotel.	Mrs. Hunt, 165 High Street, Wootton Bassett. (Wootton Bassett 243.)

During 1954 1,666 loans were made from the loan depots and 81 from County Hall. Charges varying from 1d. to 1s. 0d. per week are made according to the value of the article, although these are remitted in necessitous cases.

SECTION 29—DOMESTIC HELP

The following table shows the growth of the service since 1948:—

Year.	Number of Enrolled Home Helps at end of year.	Number of Cases attended during year.		
		Maternity.	Other.	Total.
1948	11	50	7	57
1949	69	57	50	107
1950	147	136	182	318
1951	195	99	275	374
1952	277	106	301	407
1953	285	118	386	504
1954	320	47	342	389

The latest survey undertaken showed that of 198 current cases, 163 had received continuous service for periods exceeding three months. Of these long term patients, 107 could be regarded as aged and infirm, and 51 over the age of 70 were living alone. The provision of home help for such persons almost invariably means indefinite continuation of the service but thereby admission to hospital or welfare home is often made unnecessary or at any rate delayed.

There was a considerable drop in the demand for home help for maternity cases. Such patients no longer receive a preferential scale of assessment and it seems likely that many who might have been expected to ask for assistance under the scheme are arranging help privately.

Persons in receipt of old age pensions without any additional means, those with old age and supplementary pensions, or in receipt of National Assistance, are not expected to make contributions.

It was necessary throughout the year to maintain strict control of the use of the service in order not to exceed the financial provision for it, and this resulted in fewer hours service being given than was desirable in many cases, though it was possible to give some help to most of those who needed it. The demand is to some extent seasonal and cannot readily be foreseen but an attempt is made to have available more service during the winter months when so many of the aged and infirm need more than it has sometimes been possible to allocate.

At the time of writing the average weekly amount of service being given is 7.8 hours per household, a slight increase on the previous year.

SECTIONS 21—26, 28 AND 29—SWINDON

REPORT OF THE AREA MEDICAL OFFICER

I have pleasure in submitting the report of the Area Medical Officer for the year 1954.

This report deals exclusively with the services provided under Part III of the National Health Service Act 1946 which have been delegated to the Swindon Area Sub-Committee.

During the year under review the first real impact of the Swindon expansion programme has made itself felt on the Local Health Authority's services. By the 31st December some 254 families comprising 880 persons had come to the Penhill estate which then housed a total of 4,200 in 1,340 houses. Almost all the families housed in the estate have young children so it can be readily appreciated that this estate alone called for considerable extension of the services provided.

As the town continues to expand the needs of the population in respect of Local Health Authority services have to be anticipated and provision made to cope with the demand as it arises.

CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE

This subject is one which continues to receive a great deal of attention both locally and nationally.

In Swindon I consider that much has been achieved towards co-operation both with other branches of the health services and with all the other social services which have a bearing on the health and welfare of the population. There is, however, much that could still be done towards providing a comprehensive and co-ordinated medical and social service. One of the practical difficulties is in the division of responsibility for the various services which frequently leads to each branch assuming that the matter has been dealt with by another branch. Misunderstanding and duplication even crop up within the branches themselves. In this respect I consider that a more efficient and economical method of providing local authorities' services could be achieved by a combination of departments rather than with several as is now the rule.

Again I find that although there are formal schemes of co-operation in being, personal contact ensures a better understanding and working of such schemes. Unfortunately there are such frequent changes of personnel in all branches of the National Health Service that continuity of personal contact is difficult to achieve. It would be most helpful therefore if when an officer is moving from one post to another he ensures that his successor is personally introduced to those with whom he has to have liaison.

During the year the general practitioners have been encouraged to maintain a closer relationship with health visitors and there is evidence of improvement in this respect. In Swindon most medical practitioners have patients in every quarter of the town and it is therefore virtually impossible to allocate health visitors to work with individual doctors or groups of doctors.

Liaison between the hospitals and the Local Authority has remained good throughout the year and after discussion with the hospital authorities concerned additional hospital eye clinics for school children were arranged. These special clinics have almost eliminated the waiting list for eye consultations.

JOINT USE OF STAFF

The only hospital clinics now held in Local Health Authority clinics in Swindon are the eye clinics for premature babies and children up to school leaving age.

A general practitioner attends a weekly ante-natal clinic while another is attended by the Deputy Medical Officer of Health. If for any reason either of these doctors is unable to attend the Consultant Obstetrician, Dr. C. G. Roworth, has always made the services of one of the resident medical officers available.

Hospital medical officers, general practitioners and student nurses have been granted permission to attend for instructional purposes at Local Health Authority clinics.

Local Authority medical officers, health visitors and midwives have given lectures and practical instruction to hospital student nurses.

CARE OF OLD PEOPLE

The Old People's Welfare Committee has now been functioning for three years and is doing very valuable work among the old people of the community. This committee is clerked by the Swindon Borough staff and close liaison is maintained on officer level between them and the Area staff. Many cases where our help is needed are brought to our notice through the voluntary visitors to old people.

Although it is difficult to estimate the number of old people in Swindon the 1951 census figures were as follows:—

<i>Age.</i>	<i>Male.</i>	<i>Female.</i>
55—64	3,200	3,500
65 and over	3,400	4,200

It is safe to estimate that the number of old people now in the town is somewhat greater than the figures given above suggest.

In all cases where we are called upon to help old people, a health visitor makes a report on the household and the needs of the occupants. This report covers the conditions of the house furnishing, heating, lighting etc., and a personal assessment of the physical condition of the old people and services needed by them. Action is taken to implement the recommendations and thereafter the health visitor pays regular visits to the house. It is only in extremely rare instances we find that the old people concerned do not welcome these friendly and helpful visits.

There is no doubt that the service most frequently needed in the care of old people is the Domestic Help Service. The demands on this service continue to grow year by year and in Swindon, where so far there has been no difficulty in recruitment of helps, finance is the factor which limits the extent of the service. Maternity cases are given priority for domestic help and are supplied with whole-time help when required. Other cases are given as much help as can be made available according to needs. It is, however, regretted that at times it is impossible to supply any help to necessitous cases and less than the minimum assessed to most of the others except maternity cases.

During the year the laundry service for old people covered 40 cases. It will be remembered that this service is supplied at reduced costs to old people by a local commercial laundry only by the recommendation of the health department. Although the laundry concerned wishes to remain anonymous, a debt of gratitude is due to it for the service provided.

Of the voluntary organisations which join in the care of the aged, tribute must be paid to the W.V.S. for their good work. During the year they have provided a "Meals on Wheels Service" which supplied 1,276 meals to 20 people. It is hoped to extend this service as soon as circumstances permit.

The need for a chiropody service for old people has been recognised by the Old People's Welfare Committee, who during the past two years have had arrangements with a local chiropodist to supply treatment for old people at reduced fees, and in a small number of necessitous cases the Committee has paid for the treatment provided. Negotiations are in hand to extend the service through Part III of the National Health Service Act 1946 and it is hoped that during the coming year these negotiations will come to fruition.

Advice and instructions to the aged in simple remedial exercises which they can practise at home is given by the health visitors who were given a course of training under Dr. J. B. Stewart, the Consultant in Physical Medicine.

CARE OF PREMATURE INFANTS

Number of premature babies born:—					
(i)	At home	...	...	...	27
(ii)	In hospital or nursing home	...	...	...	66
Number who died during the first 24 hours:—					
(i)	Born at home	...	...	...	2
(ii)	Born in hospital or nursing home	...	...	...	4
Number who survived at end of one month:—					
(i)	Born at home	...	...	...	25
(ii)	Born in hospital or nursing home	...	...	...	61

WELFARE FOODS

Since July 1954 the distribution of foods, vitamin preparations and other items has been carried out at the Health Centre and all infant welfare clinics. The extent of this work, formerly carried on by the Ministry of Food, can be gauged from the following table:—

	<i>Health Centre.</i>	<i>Clinics.</i>
National Dried Milk ...	18,944 tins	11,338 tins
Cod Liver Oil ...	2,420 bottles	1,968 bottles
Vitamin Tablets ...	1,145 packets	552 packets
Orange Juice ...	14,630 bottles	8,580 bottles

SUPPLY OF PROPRIETARY DRIED MILKS ETC.

A member of our clerical staff attends at the child welfare clinics and among her other duties is the sale of dried milks and nutrients. During the year there were 6,013 such sales, for which £771 9s. 4d. was received.

DENTAL CARE

The position at the beginning of 1954 regarding the provision of dental officers remained the same as in 1953. Swindon continues to have the services of a dental officer from another part of the County on a part-time basis. However, in May it was possible to add another dentist from the County staff for additional sessions. As a result of this during the latter half of the year we had the equivalent of one whole-time officer. As this is one third of the Swindon establishment it can be seen that dental work in Swindon among school children, maternity cases and children under 5 years could not be carried out on a scale which we would desire.

DOMICILIARY MIDWIFERY

An increase in the establishment of domiciliary midwives from six to eight was authorised as from April 1st 1954 and we were fortunate enough to recruit up to full establishment.

All eight midwives are qualified to administer gas and air analgesia. As mentioned elsewhere it is hoped to equip and train these midwives in trilene analgesia during the coming year.

Of the eight midwives employed at the end of the year, six were approved as teachers of pupil midwives.

The scheme for training pupils from Swindon Maternity Hospital and Bradford-on-Avon Maternity Hospital continued ; during the year 12 pupils were trained and at the end of the year two were still undergoing training.

The regular visits of Miss Bell, non-medical Supervisor of Midwives, are greatly appreciated both by the nursing and clerical staffs of Swindon Area.

During the year there were no domiciliary midwives in private practice in the town.

The housing of domiciliary midwives presents constant problems but it is hoped that early in 1955 the two flats for nursing staff at Penhill will be completed and help to save the situation.

The domiciliary midwives hold booking clinics as follows:—

81 Bath Road—2nd and 4th Wednesdays in the month at 6 p.m.
Pinehurst Clinic—Every Thursday at 2 p.m.

In addition they attend the ante-natal clinics held at Pinehurst on Mondays and Fridays and carry out domiciliary ante-natal care.

All midwives are aware of the procedure for summoning the hospital “ Flying Squad ” or medical aid in emergencies. During the year medical aid was summoned in 179 instances.

The scheme of co-operation between the Maternity Hospital and the Local Health Authority in respect of cases desiring admission to hospital for social reasons continues to work most satisfactorily.

Investigations of social circumstances are made by the health visitors and on the reports so made the Area Medical Officer makes his recommendations to the Consulting Obstetrician.

During the year 345 of such investigations were carried out.

The table on page 26 summarises the work done by the domiciliary midwives during the year.

HEALTH VISITORS

The establishment of health visitors for Swindon is one senior and nine others. During the year we were one short of establishment and the vacant post which has been advertised many times since 1952 did not attract a single applicant. The senior health visitor, Miss Burrows, terminated her duties on 22/8/54 and up to the end of the year there have been no applicants for this post in spite of repeated advertisements.

As all the health visitors act as school nurses for half of their time, our full establishment is the equivalent of one health visitor for approximately 15,000 population although the position at the end of the year was one health visitor to approximately 19,000 population.

Even with our full establishment of health visitors and especially in view of the fact that under the expansion programme Swindon is rapidly increasing its population, this establishment is too low. It is hoped therefore that during the coming year authority will be granted for an increase in establishment and that applicants will be attracted for the posts advertised.

There is a shortage of health visitors throughout the country and since the salaries and conditions of service are more or less standardised there is little to induce a health visitor to change her employing authority except for promotion or personal reasons. It thus boils down to authorities competing against one another for the services of the available health visitors by the offer of inducements in the way of housing, car allowances, etc. It would appear there that, if the health visiting service is to develop and function in accordance with modern concepts, the problem of recruitment and training will have to be solved quickly at national level.

Since the inception of the National Health Service Act the scope of the health visitors' duties has continued to extend and unless the number of staff increases to cope with these additional duties some other part of their work will have to suffer. In Swindon during the last few years there have been extensions of the health visitors' duties. For example, the general practitioners have been encouraged to make use of the health visiting service and if such services cannot be immediately supplied when called for, confidence in the service is lost. It will be understood therefore that it is only by the exercise of constant supervision of health visitors' timetables to allow for flexibility in their working that the optimum use and economy in the services is effected.

The health visitors attend at all the infant welfare clinics as well as the special hospital eye clinics held on County Council premises. In two instances they run child welfare clinics where no doctor attends. During the year a health visitor has attended at the Chest Clinic in Milton Road each Thursday and at the Artificial Pneumothorax Clinic at St. Margaret's Hospital on Mondays.

In January the health visitors completed a short course of training in remedial exercises for the aged under the direction of Dr. J. B. Stewart, Consultant in Physical Medicine. This training has enabled the health visitors to advise and instruct old people in their homes.

VACCINATION AND IMMUNISATION

Facilities for vaccination and immunisation continue to be provided as in the past. As well as weekly and fortnightly special clinics, both immunisation and vaccination facilities are available at child welfare clinics where a doctor is in attendance.

During the year there was no interruption in the scheme because of poliomyelitis.

Towards the end of the year plans for starting B.C.G. vaccination of school children in the 13-14 year old age group were well advanced and it was hoped that these clinics would commence early in the new year.

It is also hoped that during next year the Ministry of Health will give permission for immunisation with a combined whooping cough and diphtheria antigen.

The tables given below summarise the vaccination and immunisation carried out during the year.

	Under 1 year.	1 to 4 years.	5 to 14 years.	15 years and over.	Total.
Primary Vaccination	315	49	37	38	439
Re-Vaccination	—	3	16	129	148
TOTALS	315	52	53	167	587

<i>Immunisation</i>	1954	1953
Number of clinics held	68	49
Number of attendances	1,171	909
Number of children who have completed course ...	587	418
Number of children immunised by general practitioners	387	175
Total number immunised	974	593
Re-inforcing injections, including general practitioners ...	172	51

PREVENTION, CARE AND AFTER CARE

The scheme for prevention, care and after care in Swindon is similar to that for the county as a whole.

During the year, the requests for convalescent holidays increased from 14 in 1953 to 22 in 1954, and in order to keep within the expenditure budgeted for and to give the maximum number of holidays it was necessary in many instances to cut down the length of the convalescent period recommended.

It was found that in some cases those recommended for a convalescent holiday by a general practitioner were not aware that they had to pay travelling expenses to and from the holiday home. This information was circulated to the practitioners so that before putting in a recommendation they could ascertain whether or not the patient was capable of meeting this expenditure.

Other schemes of prevention, care and after care are referred to under the various headings in this report.

DOMESTIC HELP

The domestic help service continues to provide most useful and appreciated service to the community. Each year since it was established the calls for the service continues to increase and as the expectation of life increases so will there be still greater demands for home helps. In Swindon we have been fortunate in that the number of recruits to the service has been adequate for the money made available for it. Swindon is a rapidly expanding town and as the population grows so will the expenditure on the domestic help service have to increase if the service is even to be maintained at its present level.

Maternity cases are given priority for domestic help and are afforded whole-time service. Thus the help available for all other cases does to a large extent depend on the number of maternity cases on hand. As far as possible the helps are distributed among other cases according to need. It does, however, frequently happen that during certain times of the year the demands on the service cannot be met and certain applicants for the service just cannot be supplied.

Number of domestic helps on books at the end of the year	35
Number of householders helped during the year:—	
(a) Maternity cases	92
(b) Other cases	228
Total	320

Number of hours of assistance provided during the year:—

(a) Maternity cases	...	...	...	...	...	...	9,483
(b) Other cases	...	...	...	...	...	...	48,089
Total							57,572

Number of cases in which full fee was not charged ... 292

HEALTH CENTRE

DENTAL DEPARTMENT

Dental Surgeons	...	2	Dental Attendants	...	2
Dental Technicians	...	4	Dental Receptionist	...	1

During the year there were 11,793 attendances for treatment, and the following work was carried out:—

Scalings.	Fillings.		Extractions.	X-rays.	Dentures.		Treatments.
	Amalgams.	Synthetic.			Repairs.	Manufactured.	
204	3,429	294	2,105	599	698	643	5,408

PHARMACY

The Pharmacy dealt with 124,321 prescriptions during the year.

CARE OF EXPECTANT AND NURSING MOTHERS

ANTE AND POST NATAL CLINICS

Clinics at which a doctor is in attendance are held weekly as follows:—

Beech Avenue	...	Mondays and Fridays	...	1.30 to 4 p.m.
Bath Road	...	Mondays	...	1.30 to 4 p.m.

	1954	1953	1952
Number of women who attended these clinics during the period	592	752	731
Number of attendances made during the period	2,863	3,439	3,078

INFANT WELFARE CLINICS

The table below gives the list of clinics held and the attendances made:—

Centre.	Day and Time, 2—4 p.m.	Number of Consultations. with Doctor.	Number of Attendances.
61, Eastcott Hill	Wednesday and Friday ...	1,626	3,979
Beech Avenue, Pinehurst	Tuesday	484	3,037
Gorse Hill	Wednesday	—	1,961
Moredon	Monday	—	1,464
Bath Road	Friday	610	1,803
Penhill	Thursday	170	952

The premises at Penhill Farmhouse became available in July 1954, and a weekly child welfare session at which a doctor attends has been held there since then. This clinic relieved the pressure on the Pinehurst clinic so the Wednesday afternoon clinic there was discontinued.

The premises at the Penhill farmhouse are not altogether satisfactory, principally because the rooms have proved too small to accommodate the numbers attending. It is hoped therefore that, when a community centre is built in the estate, provision will be made for clinic purposes.

DAY NURSERY

The limited capacity of the present day nursery which is housed in the Gorse Hill Community Centre has not caused any embarrassment during the year, but there have been occasions when staffing has been difficult. The numerical relationship of staff to children (one to five) produces an establishment which in normal circumstances is adequate but in the event of casualties through illness, holidays or other causes, a staff of four cannot be reduced without causing difficulties.

During the year the day nursery staff became responsible for preparing all meals for the children. This has effected some saving in expenditure and, what is more important, has produced meals which are more suitable for children of this age.

	Number of Nurseries.	Number of Approved Places.	Number of Children on the register at the end of the year.		Average Daily Attendance.	
		0—5	0—2	2—5	0—2	2—5
Nurseries maintained by the Council ...	1	25	4	14	3	12

FAMILY PLANNING ASSOCIATION

The Family Planning Association continues to hold clinics at Eastcott Hill clinic weekly.

TREATMENT OF INFANTS FOR ORTHOPAEDIC AND OPHTHALMIC DEFECTS

- 4 children were referred to the Orthopaedic Clinic at St. Margaret's Hospital.
- 17 cases attended the Surgeons' sessions and made 61 attendances.
- 3 cases attended the Sisters' sessions and made 11 attendances.
- 28 children were seen by the Ophthalmologist, making 115 attendances.
- 27 cases attended the Premature Baby Eye Clinic and made 106 attendances.

MIDWIFERY SERVICE

The following is an analysis of the midwifery carried out in the area during the year:—

	NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
	Domiciliary Cases.					Cases in Institutions.
	Doctor not booked.		Doctor booked.		Totals	
	Doctor present at time of delivery of child.	Doctor not present at time of delivery of child.	Doctor present at time of delivery of child (either the booked doctor or another).	Doctor not present at time of delivery of child.		
(a) Midwives employed by the Authority	—	3	75	372	450	—
(b) Midwives employed by voluntary organisations:—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
(c) Midwives employed by hospital management committees or Boards of Governors under the National Health Service Act ...	—	—	—	—	—	807
(d) Midwives in private practice (including midwives employed in nursing homes)	—	—	—	—	—	179

ADMINISTRATION OF GAS AND AIR ANALGESIA

All eight of the midwives are qualified to administer gas and air analgesia. During their pregnancy patients are given demonstrations of the apparatus so that when the confinement comes they are familiar with it and thereby any fear or apprehension from its use are obviated. It is hoped that in the coming year trilene anaesthesia will be introduced in place of gas and air. Analgesia with gas and air was administered in 332 cases where the midwife acted as such and in 66 cases where the midwife acted as maternity nurse, making a total of 398 administrations in 450 cases.

MIDWIVES ACT, 1951

Medical aid was summoned in 179 domiciliary cases during the year.

HEALTH VISITING

Number of visits paid by Health Visitors (figures for 1953 in brackets):—

Expectant Mothers.		Children under 1 year of age.		Children between the ages of 1 and 5.	Other Classes.
First visits.	Total visits.	First visits.	Total visits.	Total visits.	Total visits.
331 (353)	345 (374)	1,067 (1,105)	3,464 (3,305)	3,015 (3,288)	1,780 (2,243)

Number of live births to Swindon residents during the year 1,419 (1,148)
Number of stillbirths to Swindon residents during the year 34 (24)

Included in " Other Classes " in this table are 63 (669) visits to cases of infectious diseases and 393 (409) visits to cases of tuberculosis.

HOME NURSING

DETAILS OF WORK CARRIED OUT BY HOME NURSES

								<i>No. of Cases</i>
Respiratory diseases (excluding tuberculosis)	...	...	...	...	...	...	...	171
Digestive diseases	...	...	...	...	...	...	...	73
Heart and Arteries	...	...	...	...	...	...	...	111
Veins and other circulatory diseases	...	...	...	...	...	...	...	44
Genito-urinary	...	...	...	...	...	...	...	102
Skin	...	...	...	...	...	...	...	183
Ear, Eye and other sense organs	...	...	...	...	...	...	...	84
Cancer (and other neoplasms)	...	...	...	...	...	...	...	53
Cerebral lesions of vascular origin	...	...	...	...	...	...	...	44
Infectious and parasitic diseases	...	...	...	...	...	...	...	243
Diabetes	...	...	...	...	...	...	...	29
Injuries	...	...	...	...	...	...	...	33
Tuberculosis	...	...	...	...	...	...	...	23
Bones and organs of movement (mainly rheumatism)	...	...	...	...	...	...	...	39
Pregnancy	...	...	...	...	...	...	...	37
Mental and other nervous diseases	...	...	...	...	...	...	...	3
Other diseases or ill defined	...	...	...	...	...	...	...	204
Preparation for X-ray examinations	...	...	...	...	...	...	...	61
Total number of cases								1,537, in respect
of which a total of 20,996 visits were made.								

PROVISION OF NURSING EQUIPMENT AND APPARATUS

The Medical Loan Depot housed at the Health Centre continues to have heavy demands made on it for home nursing equipment. It will be seen from the appended table what stocks of equipment are held and the issues during the year.

In the summer months especially there is a great demand for invalid chairs and this year the stock of chairs was increased by six to cope with this demand. In most cases the chairs are for short-term cases and where it is noticed that a particular person hires a chair for long periods enquiries are made to assess the need for the patient to apply through the National Health Service for a personal invalid chair.

				<i>On Payment.</i>	<i>On Free Loan.</i>	<i>Stock at 31/12/54.</i>	<i>Renewals.</i>
Invalid chairs	...	...	...	57	—	34	6
Air Rings	...	...	...	95	1	33	5
Waterproof Sheets	...	...	...	167	1	55	—
Bed Pans	...	...	...	171	1	63	24
Bed Rests	...	...	...	83	3	27	3
Bed Slippers	...	...	...	36	1	10	—
Crutches (pairs)	...	...	...	15	1	32	—
Urinals	...	...	...	42	—	16	—
Air Beds	...	...	...	4	—	8	—
Bed Cradles	...	...	...	11	—	10	2
Bed Tables	...	...	...	—	—	5	—
Mattresses	...	...	...	2	—	2	—
Inhalers	...	...	...	—	—	1	—
Walking Sticks	...	...	...	3	—	3	—
Feeding Cups	...	...	...	9	—	19	—
Diet Spring Balances	...	...	...	—	—	3	—
Electric Blankets	...	...	...	—	—	1	—
Rubber Bed Pans	...	...	...	—	—	2	—
Hot Water Bottles	...	...	...	—	—	19	—
							£ s. d.
Hire payments received on appliances during year ended 31/12/54	...	...	...	...	...	...	88 1 5
Hire payments received on appliances during year ended 31/12/53	...	...	...	...	...	...	85 19 9

JAMES URQUHART.

SECTIONS 49/51—MENTAL HEALTH SERVICES.

(1) ADMINISTRATION.

(a) STAFF.

Dr. D. L. Johnson, the Senior Medical Officer, has devoted a good deal of his time to mental health work and numerous examinations have been carried out by him and nine of the Assistant County Medical Officers, who have been approved for the purpose. These examinations include the initial ascertainment of mental defectives, completion of application forms for vacancies in mental deficiency hospitals, medical certificates required when patients are certified under the Mental Deficiency Acts, special reports and certificates required when patients' orders are due for reconsideration and annual reports on mental defectives under guardianship.

During the year the mental health officer for the Salisbury area and the deputy mental health officer for the Swindon area resigned. These vacancies have been filled, but a re-organisation of the areas has been made, and the County is now divided into four areas and the work of the respective mental health officers continues to be co-ordinated from the central office at County Hall. The officers and the areas for which they are responsible are as follows:—

Salisbury City,
Wilton Borough,
Salisbury and Wilton Rural District,
Amesbury Rural District,
Mere and Tisbury Rural District.

Mr. R. H. G. Moore, 9 a.m.—5 p.m., 48, Blue Boar Row,
Salisbury (Tel.: Salisbury 4355).

Outside office hours: 56, Mill Road, Salisbury (Tel.: Salisbury 4973).

Miss J. E. Pearce, Deputy.

Outside office hours: 24, Mill Road, Salisbury (Tel.: Salisbury 2979).

Swindon Borough,
Highworth Rural District,
Cricklade and Wootton Bassett Rural District.

Miss S. Ponting, 9 a.m.—5 p.m., 36, Milton Road, Swindon
(Tel.: Swindon 4102/3).

Outside office hours: 212, Shrivenham Road, Swindon (Tel.: Swindon 4381).

Mr. L. Fry, Deputy.

Outside office hours: 53, Bryans Close Road, Calne. By message through Calne or Chippenham Police—Calne 2106; Chippenham 2222.

Chippenham Borough,
Calne Borough,
Calne and Chippenham Rural District,
Malmesbury Borough,
Malmesbury Rural District,

Mr. R. A. Shadwell, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).

Outside office hours: 21, Manor Road, Trowbridge (Tel.: Trowbridge 2300).

Mr. R. A. Lawton, Deputy.

Outside office hours: c/o 25, Bradford Road, Trowbridge.

Bradford and Melksham Rural District.

Trowbridge Urban District,
Bradford-on-Avon Urban District,
Melksham Urban District,
Devizes Borough,
Devizes Rural District,
Pewsey Rural District,
Marlborough Borough,
Marlborough and Ramsbury Rural District,
Warminster Urban District,
Westbury Urban District,
Warminster and Westbury Rural District.

Mr. C. J. Lewis, 9 a.m.—5.15 p.m., County Hall, Trowbridge (Tel.: Trowbridge 3641).

Outside office hours: 40, Westbourne Road, Trowbridge (Tel.: Trowbridge 2696).

Miss B. A. Bezzant, Deputy, 9 a.m.—5.15 p.m., 2, Church St., Pewsey. (Tel.: Pewsey 3259).

Outside office hours: 20, Wilcot, Pewsey (Tel.: Pewsey 2243).

If the officer or deputy of a particular area is not available, contact is usually made with the officer in the adjoining area and thus there is little delay in dealing with persons of unsound mind. During evenings, week-ends and holiday periods, the mental health officer or deputy is available in the Salisbury and Swindon districts, whilst the Trowbridge—Devizes, etc., Chippenham, etc., areas are combined—a rota of the officers on duty being given to the Superintendent of the Bradford-on-Avon Ambulance Station to whom all initial enquiries should be made. This means that a doctor wishing to arrange the admission of a patient to a mental hospital as a matter of urgency has no difficulty in contacting a mental health officer and prompt action can be taken whatever the time of day. The co-operation of the members of the Wiltshire County Constabulary, who are always ready to assist with difficult patients, is much appreciated.

The absence of female staff at either the Bradford-on-Avon or Chippenham Ambulance Stations has been overcome when dealing with female mental patients or mental defectives by utilising the services of a Trowbridge resident who is prepared to assist whenever required.

The Mental Health Supervising Officer and the Mental Health Officers (except Mr. R. A. Lawton, who is deputy to Mr. Shadwell) are all duly authorised to take proceedings under the Lunacy, Mental Treatment and Mental Deficiency Acts and have all been to special courses on mental health following previous experience, either as a relieving officer, a clerk in the mental health section, or at an occupation centre, except one of the deputy mental health officers who has had experience of social work.

The staff of our four occupation centres for mental defectives is as follows:—

Chippenham ...	Supervisor: Mrs. A. Webb.
	Assistant: Mrs. K. M. Marsh.
Salisbury ...	Supervisor: Miss M. E. Hammond.
	Assistants: Miss D. Porter.
	Miss E. Macey.
Swindon ...	Supervisor: Miss I. L. Piper.
	Assistant: Mrs. I. F. Caton.
Trowbridge ...	Supervisor: Mrs. E. K. Urwin.
	Assistants: Mrs. E. O. M. Bodmin.
	Mrs. M. V. G. Mitchell.

Mrs. Ardagh has continued to assist as a voluntary helper at the Salisbury Occupation Centre and voluntary assistance has been given by the W.V.S. at the Swindon Centre during emergencies and on special occasions.

(b) CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS.

During the first half of the year the Medical Superintendent of Roundway Hospital continued to accept cases from all parts of the County, including about 42% of the cases in the Salisbury area.

On the 1st April the Old Manor, Salisbury, was taken over by the Ministry of Health and on the 2nd July came under the administration of the Knowle Hospital Management Committee Group as ancillary premises to the Knowle Hospital, Fareham, to serve that part of Wiltshire within the area of the South West Metropolitan Regional Hospital Board (i.e. the Boroughs of New Sarum and Wilton, and the Rural Districts of Amesbury, Mere and Tisbury, and Salisbury and Wilton). The Old Manor was designated for the purposes of Section 20 of the Lunacy Act, 1890, on the 2nd December, arrangements also being made for the admission of cases under this Section from the County Borough of Bournemouth. The number of beds provided under this designation is 5 for males and 9 for females. The admission of patients dealt with under Section 20 from the County Borough of Bournemouth necessitated an arrangement with that Authority for the notification of admissions and the further action to be taken after admission—it being the responsibility of this Authority to take such action—and a procedure similar to that operating in this County was put into operation and appears to be working smoothly. The admission of cases from the Bournemouth area involves extra work for the mental health officers for the Salisbury area, as in addition to arranging for the further disposal of these cases, those requiring long term treatment have to be transferred to Park Prewett Hospital, Basingstoke—Bournemouth being within the catchment area of that Hospital.

As mentioned in my report for 1953 the majority of patients in the Salisbury area were formerly admitted to Park Prewett Hospital, Basingstoke, or its ancillary premises at Kingsclere and Crondall, involving virtual separation from family and friends. With the opening of the Old Manor for Health Service patients, this has been ended with benefit to the patient, relatives and friends at a time of mental stress for them all.

Psychiatric out-patient clinics attended by members of the staff of Roundway Mental Hospital are held at Devizes, Swindon and Trowbridge and, until the 13th September were also held at Odstock Hospital, near Salisbury. Since that date the latter clinic has been taken over by the staff of the Knowle Mental Hospital Group and in addition clinics are held at Salisbury General Infirmary and The Old Manor.

Psychiatric social workers employed by the hospital management committees supervise patients on trial or boarded out from mental hospitals and give after care to patients discharged, on behalf of the local health authority. Since the clinics at Odstock and Salisbury were taken over by the Knowle Hospital Group, the Psychiatric Social Worker from Roundway Hospital has ceased to give after care in the Salisbury area and 5 patients discharged from Roundway Hospital to that area were referred to this Authority, and after care undertaken by the mental health officers.

During December discussions were held which it was hoped would lead to mental health officers taking part in the after care of selected patients discharged from The Old Manor Hospital.

The psychiatric social worker at Pewsey Hospital continues to make initial enquiries with regard to placing defectives from that hospital on prolonged licence before handing some of these patients over to the mental health officers, who also make periodic reports on patients resident in this County who are on licence from other mental deficiency hospitals. They have also made many reports on the home conditions of defectives in institutions:—

- (1) in respect of holidays or prolonged licence,
- (2) in respect of applications for the discharge of patients' orders under the Mental Deficiency Acts, and
- (3) when the renewal of orders is due for consideration by the Visitors in accordance with Section 11 of the Mental Deficiency Act, 1913.

(c) VOLUNTARY ASSOCIATIONS.

Reports on a number of mental defectives under supervision have been received at half-yearly intervals from 25 voluntary visitors who acted for the Wiltshire Voluntary Association for Mental Welfare until the implementation of the National Health Service Act, 1946.

(d) TRAINING OF STAFF.

On the 15th May, 1954, the staff of our four occupation centres attended a refresher course at Bristol, arranged by the National Association for Mental Health.

2. ACCOUNT OF WORK UNDERTAKEN IN THE COMMUNITY.

(a) SECTION 28—NATIONAL HEALTH SERVICE ACT, 1946.

Of the cases reported to the Local Health Authority in accordance with the Ministry of Health Circular 146/48, two are still being visited at infrequent intervals by mental health officers and the remainder have satisfactorily adjusted themselves in the community or have moved from the area. One new case was reported during the year.

(b) LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following is a summary of cases dealt with by the duly authorised mental health officers and the deputies during the year:—

Area.	Certified.			Temporary.			Voluntary.			Section 20 and Urgency Orders.			Totals.		Grand Total.
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	
Trowbridge, Devizes, etc. ...	6	14	20	—	1	1	19	29	48	18	28	46	43	72	115
Salisbury ...	1	4	5	4	5	9	23	46	69	19	23	42	47	78	125
Swindon ...	9	10	19	—	—	—	45	70	115	22	40	62	76	120	196
Chippenham ...	1	1	2	—	—	—	9	20	29	10	13	23	20	34	54
Warminster ...	2	1	3	—	—	—	10	11	21	5	8	13	17	20	37
AREA TOTALS ...	19	30	49	4	6	10	106	176	282	74	112	186	203	324	527
Certified at Roundway Hospital ...	12	10	22												
Certified at The Old Manor Hospital ...	—	3	3												
GRAND TOTALS	31	43	74	4	6	10	106	176	282	74	112	186	215	337	552
TOTALS for 1953	43	67	110	1	2	3	86	134	220	50	98	148	180	301	481
TOTALS for 1952	43	68	111	—	—	—	61	73	134	48	68	116	152	209	361

Of the 173 cases admitted under Section 20, 139 were extended under Section 21A.

The following is a summary of the further disposal of patients admitted under Section 20 or on Urgency Order:—

	M.	F.	T.
Certified	10	14	24
Temporary	—	3	3
Became Voluntary	58	81	139
Discharged	2	7	9
Died	3	3	6
Outstanding at end of year	1	4	5
	74	112	186

TRANSFERS.

The following is a summary of the patients transferred by mental health officers or their deputies:—

	M.	F.	T.
From private mental hospitals to health service hospitals	2	2	4
From health service mental hospitals to health service mental hospitals	6	11	17
Totals	8	13	21

Included in these figures is one male patient admitted to The Old Manor, Salisbury, from Bournemouth who was transferred to Park Prewett Hospital and one female who was admitted to Roundway Hospital from Bristol who was transferred to Bristol Mental Hospital.

Also included are 11 relatives of service personnel or civilian Government employees serving overseas suffering from mental illness who were evacuated by air to this country and admitted in the first instance to Roundway Hospital either direct from Lyneham Aerodrome or from the R.A.F. Hospital, Wroughton. Of these 5 were subsequently transferred to Hospitals near their homes (3 as certified and 2 as Voluntary patients), 2 who became voluntary patients were subsequently discharged, 3 were certified and still remain at Roundway Hospital and 1 was outstanding at the end of the year.

As stated previously, a 24-hour service is provided for the whole County by the mental health officers and their deputies. Of the 527 patients admitted to Hospital and the 21 transferred, 191 were dealt with out of normal working hours. In addition, 485 patients were visited or their cases investigated by mental health officers and their deputies and of these 58 were undertaken after normal office hours.

It will be noted from the summary of cases dealt with by mental health officers that the number of voluntary admissions and the number of admissions under Section 20 of the Lunacy Act, 1890, have increased with a corresponding decrease in the number of certified admissions and that a larger proportion of Section 20 admissions are becoming voluntary patients, the proportions during 1954 being 24 certified to 139 voluntary patients, and in 1953 25 certified to 92 voluntary.

It will also be noted that there is a consistent increase in the total number of cases dealt with by mental health officers due, I think, to the increasing tendency for general practitioners to call upon their services in the disposal of cases of mental illness; this is an example of the establishment of a good working relationship between general practitioners and officers of the local health

authority. There also appears to be a growing inclination on the part of the general public to regard mental illness as curable as shown by the increasing admission rate of voluntary patients.

(c) MENTAL DEFICIENCY ACTS, 1913-38.

(1) ASCERTAINMENT.

During the year 114 new cases were reported. Of these, one had not been confirmed as mentally defective at the end of the year, in one case action was unnecessary, six moved out of the County and 20 were regarded as not "subject to be dealt with" and placed under friendly supervision. The remaining 86 found "subject to be dealt with" fell into the following groups:—

	M.	F.	Total.
Notified under the Education Act, 1944.			
Section 57 (3)—incapable of receiving education at school ...	20	12	32
Section 57 (5)—requiring supervision on leaving			
Special Schools ...	9	2	11
Ordinary Schools ...	13	9	22
Reported by Police or through Courts ...	4	—	4
Reported from other sources ...	12	5	17
Totals ...	58	28	86

Of the above, 14 cases were notified under Section 57(3) and three under Section 57(5) of the Education Act, 1944, by the Borough of Swindon Education Authority.

22 persons were admitted to mental deficiency hospitals during the year, four at the instance of their parents under Section 3 of the principal Act, two by the Courts under Section 8(1)(b) of the Act, three by the Secretary of State under Section 9, and 13 petitions were presented in accordance with Section 6. One girl was admitted to an approved home by arrangement with the Regional Hospital Board concerned.

The following is a summary of patients detained in mental deficiency hospitals, on licence therefrom or who were awaiting admission at the end of the year:—

	M.	F.	Total.
Detained in hospitals (excluding those on licence) ...	364	356	720
On licence from hospitals ...	36	59	95
Awaiting vacancies ...	25	20	45

Of those awaiting admission 21 were regarded as urgent.

When necessary, petitions are presented on behalf of other Authorities in respect of mental defectives admitted to the Pewsey Hospital in the first instance as in a "place of safety". Eight such cases were dealt with during the year.

Of the patients detained in mental deficiency hospitals eight died during the year, including one boy who was detained as in a "place of safety"; one Section 3 case was withdrawn, and of the 25 who were discharged 12 were placed under friendly supervision, four were in mental hospitals, three went to Part III accommodation, two were lost trace of and four went to other counties. Two patients who had been admitted from other counties were discharged and placed under friendly supervision here. Varying orders were obtained in respect of two patients, transferring them to guardianship.

17 patients were admitted to mental deficiency hospitals during the year for temporary periods (under the provisions of Ministry of Health Circular 5/52), but two of these remained under Section 3 of the Act. This short term care has continued to prove of very great value to parents in an emergency such as illness of the mother or where both parents have been in need of a holiday or a rest from caring for the defective.

(2) GUARDIANSHIP.

During the year two patients were placed under guardianship, one by a court under Section 8(1)(b) of the Act. There were two transfers from institution to guardianship by varying orders and three from guardianship to mental deficiency hospitals. In three instances varying orders were obtained appointing new guardians. Four patients, two male and two female, discharged from their orders, were placed under friendly supervision. There were no guardianship deaths during the year.

Six patients were admitted temporarily on licence to mental deficiency hospitals during the year mainly to help the guardian and, of these, two were still in hospital at the end of the year.

At the end of the year there were 98 patients under guardianship orders—40 males and 58 females. Regular visits have been paid to these defectives by the mental health officers and they have also been seen by the medical staff in accordance with Article 76 of the Mental Deficiency Regulations, 1948. Financial assistance has been provided for the majority of these patients by the National Assistance Board, although additional help has been given in a number of instances by the Local Health Authority making grants towards clothing.

(3) SUPERVISION.

At the end of the year 508 patients were under statutory supervision. During the year 105 were subject to the biennial review instituted three years ago and, as a result of this review, 17 were transferred to friendly supervision and three were removed completely from the supervision list. Five other patients were transferred to friendly supervision although not actually due for review. Three patients died, eight removed from the area, and of the seven reported to have

married, six were withdrawn from supervision. Three patients were admitted to mental hospitals, two of these being still there at the end of the year.

There were 245 patients under friendly supervision at the end of the year and, during the year, 18 were withdrawn from supervision, two died, three removed from the area and seven married—these latter being withdrawn from supervision.

(4) TRAINING.

At the end of the year 117 patients were attending the four occupation centres in the County.

The Centre at Chippenham is held daily at the Liberal Hall, Station Hill, from 9.30 a.m. to 3.30 p.m. and there were nine males and 13 females on the register at the end of the year. In January a part time meals assistant was appointed and has been of great assistance. The curriculum includes hand-work, speech training, sense training, eurhythmics, dancing, percussion band, singing, etc. In July another outing was enjoyed in the grounds of the Vicarage at Calne, and a display of physical activities and exhibition of hand-work was held at the Centre in July and again in December in addition to the usual Christmas party.

The Swindon Centre continues at 81, Bath Road and is open from 9.30 a.m. to 3.30 p.m. There were 12 males and 21 females on the register at the end of the year. The average attendance is high and permission is being sought to appoint a part time meals assistant. The Swindon branches of the W.V.S. and of the Townswomen's Guild are interested in this Centre. The W.V.S. continue to provide escorts for the vehicle returning defectives to the Marlborough area and some of the members assist at the Centre during emergencies and on special occasions. An open day and the usual Christmas party were held in December.

The present accommodation is inadequate and plans have been prepared for the building of a new centre and a suitable site is being sought.

The Centre at Salisbury is held daily at Exeter House, Exeter Street, from 9.30 a.m. to 3.30 p.m. and there were 11 males and 17 females on the register at the end of the year. Two of these patients are resident outside the County. Gardening, cleaning and a variety of hand-work are included in the curriculum and net ball is played, which is thoroughly enjoyed by the defectives able to take part. An outing to Sandbanks was arranged in June and three open days and a Christmas party were also held during the year.

The Centre at Trowbridge is held daily at the Zion Baptist Chapel Schoolroom, Union Street, from 9.30 a.m. to 3.30 p.m., and there were 22 males and 11 females on the register at the end of the year. During the year the defectives enjoyed another outing to Sandbanks, in addition to the usual Christmas party.

This centre continues to make good progress, but the accommodation is by no means ideal. The premises are badly situated and there are no facilities for out of door recreations.

At each centre free milk is supplied to those under 18 years of age, in accordance with the milk in schools scheme. By arrangement with the schools meals service hot midday meals are provided at a cost of 9d. a meal, the balance being paid by the Local Health Authority. In certain cases of hardship, however, defectives are provided with meals free or at half the normal rate. When possible, routine medical and dental inspections have been carried out at each centre.

The ambulance service has continued to provide transport for the conveyance of many of the children to and from the centres.

In addition, one male defective, the responsibility of this Local Health Authority, was attending an occupation centre at Bristol.

The provision of an occupation centre service in a rural county such as Wiltshire presents many difficulties and transport is one of the main problems to which very careful consideration has had to be given.

(5) HOME TEACHING.

The mental health officer and deputy at Swindon and the deputy mental health officer at Salisbury and Pewsey have continued to visit certain defectives to provide home teaching where, for various reasons, it has not been possible to arrange for their attendance at an occupation centre. Nine defectives were receiving such training at the end of the year. This arrangement is not very satisfactory as often home teaching appointments have to be cancelled owing to the need to deal with urgent mental cases.

Because there is still a number of defectives living in the community who are still getting no training, the County Council have provided for a whole time home teacher for the country districts in the north of the county. As far as it is possible to say, this scheme should come into operation in August, 1955.

OTHER SERVICES.

INVESTIGATION OF HOME CIRCUMSTANCES OF PATIENTS APPLYING FOR HOSPITAL BEDS TO DETERMINE NEED FOR PRIORITY OF ADMISSION.

(A) MATERNITY BEDS.

The following table shows the investigations made during the year:—

Maternity Hospital.	Number of patients whose social conditions were investigated by County Council.	Number recommended for priority of admission.	Number not so recommended.
Bradford-on-Avon Maternity Hospital ...	5	5	—
Greenways Maternity Hospital, Chippenham ...	125	72	53
Devizes Maternity Hospital	28	28	—
Malmesbury Hospital	2	2	—
Odstock Hospital	100	76	24
Kingshill Maternity Hospital, Swindon ...	137	86	51
Savernake Hospital	24	17	7
St. Martin's Hospital, Bath	4	4	—
Trowbridge and District Hospital	2	2	—
Cirencester Hospital	2	1	1
Frome Hospital	4	4	—
TOTAL	433	297	136

These figures show that 31.4% of patients referred were not recommended for priority of admission; this figure compares with 27.5% in the previous year.

In the case of patients whose admission to hospital was not recommended, every assistance in making suitable arrangements for confinement at home was given both by the domiciliary midwifery service and the domestic help service.

(B) CHRONIC SICK BEDS.

During the year the Salisbury Group Hospital Management Committee referred 132 cases for investigation. In 69 priority of admission was recommended and in many of the remainder the patient was assisted with domestic help or home nursing.

REGISTRATION OF NURSING HOMES.

During 1954 one new application for registration was received from the proprietors of a home which provides 5 beds for medical and chronically infirm patients. At the end of the year there were on the register 10 homes in active use, providing 25 maternity and 81 other beds.

Regular inspection of these homes was carried out by the Deputy County Medical Officer and the Nursing Officers.

NURSERIES AND CHILD MINDERS ACT, 1948.

There are no nurseries registered under this Act. Four daily minders are registered, taking a maximum of 36 children in all.

REGISTRATION OF NURSING CO-OPERATIONS.

No new application for registration was received during the year. The registration of one co-operation was renewed.

REGISTRATION OF BLIND AND PARTIALLY-SIGHTED.

During the year 134 reports were obtained. These related to:—

Newly certified as blind	100
Newly certified as partially-sighted	24
Removed from Blind Register	6
Removed from Partially-Sighted Register	4

Of the 100 persons newly certified as blind, 40 were recommended treatment and, by the end of the year, 29 had received or were receiving it. Of the remainder four had died before treatment, two had refused it, and five were awaiting treatment.

Of the 24 cases newly certified as partially-sighted, 15 were recommended treatment, and by the end of the year 12 had received or were receiving it. The remainder awaited treatment.

The following tables summarise the position in the form requested by the Ministry:—

A. REGISTERED BLIND AND PARTIALLY-SIGHTED PERSONS.

(i) Number of persons registered during the year in respect of which Para. 7 (c) of Forms B.D. 8 recommends:—	Cause of Disability.			
	Cataract.	Glaucoma.	Retrolental Fibroplasia.	Other.
(a) No treatment	14	8	1	46
(b) Treatment (medical, surgical or optical)...	26	10	—	19
(ii) Number of persons at (i) (b) above who on follow-up are found to have received treatment	19	9	—	13

B. OPTHALMIA NEONATORUM.

(i) Total number of persons notified during the year	3	
(ii) Number of persons in whom		
(a) Vision lost	—	
(b) Vision impaired	—	
(c) Treatment continuing at end of year	—	

EXAMINATION OF MEDICAL REPORTS ON ENTRANTS TO THE COUNTY STAFF.

During the year 225 medical reports were considered in respect of the examination of entrants to the county staff. Of this number 2 were not approved and 1 was passed for temporary appointment only. The remaining 222 were passed as fit for permanent employment.

Five certificates were issued in connection with the award of breakdown pensions to employees.

EPILEPSY AND CEREBRAL PALSY.

No precise information is available as to the incidence of these conditions. Those children under school age in whom they constitute a handicap are ascertained, and any necessary recommendations made to the local education authority, in accordance with the provisions of the Education Act, 1944. Those who are ineducable in school come within the province of the mental health service, and health visitors, home nurses, domestic helps and the ambulance service all play their part in assisting some persons with these disabilities.

The responsibility under Section 29 of the National Assistance Act, 1948, for the welfare of handicapped persons and the maintenance of the handicapped persons register is exercised by the Welfare Committee, who are also responsible for finding places in epileptic colonies. The County Medical Officer acts as adviser on health matters to the Welfare Committee and to the County Welfare Officer.

There are no special hospital facilities for spastics in the County beyond those dealing with other types of physical handicap, nor is there an epileptic colony in Wiltshire.

TUBERCULOSIS

The responsibility of the Wiltshire County Council in regard to tuberculosis relates to prevention and after-care. Treatment is undertaken by the three regional hospital boards covering the county.

NOTIFICATIONS

The following table shows the number of primary cases of tuberculosis, pulmonary and non-pulmonary, notified in the post-war years 1946-1954:—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1946	255	96	351
1947	281	92	373
1948	299	105	404
1949	315	111	426
1950	288	68	356
1951	316	87	403
1952	250	65	315
1953	329	49	378
1954	223	79	302

The 302 notifications, pulmonary and non-pulmonary, during the year 1954, are analysed below in age groups:—

Age Periods.	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	TOTAL.
Pulmonary: Males ...	—	—	5	5	4	4	15	20	27	18	24	9	1	132
Pulmonary: Females ...	1	1	5	3	3	6	14	23	19	5	3	7	1	91
Non-Pulmonary: Males ...	—	—	4	9	6	2	2	3	2	2	3	1	—	34
Non-Pulmonary: Females ...	—	—	3	8	9	4	2	10	1	2	4	2	—	45

It will be noted that there was a large reduction in the number of notifications of pulmonary tuberculosis, 223 against 329 in the previous year.

On the other hand, non-pulmonary notifications increased from 49 in 1953 to 79 in the year under review.

The very considerable drop in the notifications of pulmonary tuberculosis during 1954 (roughly 33%) is satisfactory, but is due in some degree to the fact that the mass radiography units did not function in Wiltshire to the same extent as in the previous year. The number of persons examined by these units fell from 43,936 in 1953 to 14,810 in 1954, and the number of cases referred to the Chest Physicians from 379 to 100. Despite this factor it would seem safe to conclude that the incidence of pulmonary tuberculosis is falling, but to what extent it is difficult to say, and yearly fluctuations in the figures are still likely for sometime to come.

The increase in the notifications of non-pulmonary tuberculosis is due mainly to better notification from hospitals.

During the year an outbreak of tuberculous adenitis occurred in the Marlborough area, which was traced to a dairy supplying tuberculin tested school milk. The cow causing the infection was discovered and slaughtered, but despite prompt action when the early cases occurred the infection was ultimately responsible for at least 15 cases.

With regard to the incidence of pulmonary tuberculosis in age groups, the table shows little change over the previous year. Most of the cases occurred, as is usual, in the period 15-45 years, but of late years more cases have occurred amongst male adults in the later age groups, particularly 55-65 and over.

The ratio of notified cases of pulmonary tuberculosis still remains roughly 3 males to every 2 females, and the waiting period for the former to receive sanatorium treatment is, therefore, generally longer in the case of men than in women, in other words, more beds are required for men than for women. On the 31st December, 1954, there were 12 male and 4 female patients awaiting admission for sanatorium treatment. The waiting period for male patients averaged two months and for female patients usually less than one month.

In addition to the primary notifications shown in the table, information of 109 other cases of tuberculosis was received, 91 being transfers from other areas, 14 non-notified cases discovered from the death returns received from the district registrars, and 4 posthumous notifications. Six of the non-notified cases, and the 4 cases notified posthumously, died in general or mental hospitals, most having been admitted for some other complaint and tuberculosis discovered after admission, or by post-mortem examination. One non-notified death, that of an infant aged 6 months, was certified as due to tuberculous meningitis. Special attention was paid to the examination of contacts in non-notified and posthumous cases.

CASES OF TUBERCULOSIS STILL REMAINING UPON THE CLINIC REGISTER.

Despite the falling tendency in the incidence of the disease, the number of cases of tuberculosis remaining upon the register shows a gradual increase over the years (this applies more particularly to pulmonary cases). This is a result of the increasing use of chemotherapy in the treatment of the disease, with its prolongation of the life of many patients.

Chemotherapy frequently renders patients non-infectious, but the danger remains of relapse into an infectious state. With the larger number of cases remaining on the register, supervision by the chest physicians and health visitors assumes even greater importance in controlling potential sources of infection, and it will be realised that a decrease in the number of cases notified, and of deaths, does not necessarily indicate any reduction in the work of the tuberculosis service, but rather the reverse.

The following table shows the number of cases of tuberculosis, pulmonary and non-pulmonary, remaining on the register during the years 1949-1954:—

Year.	Pulmonary.	Non-Pulmonary.	Total.
1949	1,300	410	1,710
1950	1,416	434	1,850
1951	1,494	418	1,912
1952	1,481	320	1,801
1953	1,618	297	1,915
1954	1,687	302	1,989

Thus almost 2,000 tuberculous patients remain under supervision.

In relation to the above table the number of patients whose sputum was positive during the last six months of the particular year, was as follows:—

Year.	Number of patients sputum positive last 6/12 of year.
1949	129
1950	132
1951	128
1952	98
1953	101
1954	88

For pulmonary cases, the percentage of patients on the register with positive sputum was 10% in 1949, but in 1954 had dropped to 5.2%.

Whilst the above figures are interesting and satisfactory, yet the problem of dealing with the chronic “open” case of tuberculosis becomes even more important as the tide of tuberculosis recedes, to ensure, as far as practicable, that the ever present risk of infection from these cases is minimised in every possible way.

HOME VISITING.

The chest physicians paid numerous visits to the homes of patients, and unless there is good reason to the contrary all notified cases are referred to the health visitors to follow up. Such visits are of the greatest value in stressing the need for the patient to co-operate with the chest physician in giving advice on hygiene in the home so as to prevent the spread of infection, and in promoting the general social welfare of the patient, including the provision, where necessary, of home helps.

Health visitors paid 1,270 visits to patients during 1954.

EXAMINATION OF CONTACTS.

At her visits to the home of a notified patient, and when visiting after the death of a person whose tuberculous disease was not notified during life or for other special reasons, the health visitor stresses the importance of the contacts attending the chest clinic for examination. Apart from the health visiting, the chest physicians themselves strongly urge patients that their contacts should attend for check-up.

Although the results of the examination of contacts are in the main negative, yet such examinations detect more cases than any other case finding measure. During the past year 2.6% of the contacts examined were diagnosed as tuberculous, or roughly one in every forty.

The total number of domiciliary contacts of tuberculous patients first seen during 1954 was 726.

This figure compares with 776 in 1953, and 781 in 1952, but during these two years there were considerably more notified cases of tuberculosis.

The following table shows the results of the investigation of the 726 cases:—

	M.	W.	C.	Total.	Percentage.
Diagnosed as tuberculous	4	4	11	19	2.6
Non-tuberculous	118	199	354	671	92.4
Diagnosis not completed by 31/12/54	8	10	18	36	5.0
	130	213	383	726	100

At the request of the Ministry of Health the following table is given showing the number of contacts examined per notified case of tuberculosis in recent years:—

Year.	Number of Notifications.	Number of Contacts Examined.	Number of Contacts Examined per notified case.
1949	426	547	1.3
1950	356	635	1.8
1951	403	735	1.8
1952	315	781	2.5
1953	378	776	2.0
1954	302	726	2.4

DEATHS

During 1954 there were 49 deaths from tuberculosis, 35 pulmonary and 14 non-pulmonary. This compares with 51 deaths in 1953.

The corrected death rate from all forms of tuberculosis for 1954 was 0.12 per 1,000 of the population, compared with 0.13 in 1953. The pulmonary death rate was 0.09 per 1,000 of the population, and for non-pulmonary 0.03 per 1,000.

The provisional death rate for England and Wales from all forms of tuberculosis was 0.18 per 1,000 of the population, compared with 0.20 in the previous year. The tuberculosis death rate in Wiltshire is thus still below the national rate, but this should naturally be the case considering the rural nature of the county, with few large centres of population.

It is interesting to recall that in 1912, when the attack against tuberculosis really started, the death rate in the county was 0.86 per 1,000 of the population, 0.69 for pulmonary cases and 0.17 for non-pulmonary cases.

The following table shows the deaths from tuberculosis registered in the county from 1946-1954:—

Year.	Deaths			Population.
	Pulmonary.	Non-Pulmonary.	Total.	
1946	110	16	126	330,840
1947	102	19	121	334,500
1948	108	23	131	347,400
1949	91	12	103	350,600
1950	94	8	102	381,860
1951	68	10	78	392,400
1952	63	12	75	388,500
1953	41	10	51	390,700
1954	35	14	49	394,800

From 1950 the population figure includes both civilians and the members of the armed forces stationed in the area.

HOUSING.

The district councils are responsible for the provision of houses and during the year 44 tuberculous patients were referred to them by the chest physicians.

Three types of certificates continued to be issued: No. 1 in sputum positive cases as an urgent measure for the prevention of infection; No. 2 where the patient is not sputum positive, but better housing is desirable in order to improve and maintain the patient's health, and No. 3 where improved housing would be beneficial, but is less urgent.

The 44 cases referred in 1954 were classified as follows:—

No. of Cases Referred and Certificate issued.	No. of houses provided.	Other satisfactory arrangements made.	Died, Left County or Withdrawn.	Houses not yet provided.
Certificate No. 1 13	5	—	—	8
Certificate No. 2 30	5	—	—	25
Certificate No. 3 1	1	—	—	—
TOTALS 44	11	—	—	33

Since 1949, 277 patients out of 457 referred by the Chest Physicians have been re-housed, and for 12 others satisfactory arrangements have been made, or building licences granted. Eighty-four patients have died, left the county, or withdrawn their applications. There remain 84 cases where re-housing has not so far been found possible or essential.

The above figures are compiled from information received from the local authorities, but as there is a time lag between the receipt of applications by the local councils and their decision as to re-housing, it is possible that the results may be even more encouraging.

It will be seen that roughly 63% of the cases referred have been re-housed, whilst in 18% the applications for various reasons have been withdrawn. About 19%, or roughly one-fifth of the total cases remain, but a number of these applications are still under consideration.

Many district councils and their medical officers of health have helped very effectively in this important measure for the prevention of tuberculosis.

GENERAL AFTER-CARE WORK.

Free milk, and beds and bedding were supplied to a number of patients whose financial circumstances justified such action, sputum flasks were issued, home helps provided where available and shelters erected where conditions were suitable.

The County branch of the British Red Cross Society has given great assistance in many ways in the care of tuberculous patients, particularly ex-service men.

DIVERSIONAL THERAPY.

This scheme was continued, whereby the County Council makes a grant to the Wiltshire Branch of the British Red Cross Society to enable them to provide materials for suitable tuberculous patients to undertake diversional therapy in their own home. Including 12 cases in 1954, a total of 154 cases have been referred to the Red Cross Society since the inception of the scheme, and were engaged in rug making, toy making, leather work and weaving, etc. Library fees in respect of reading facilities for certain patients were also paid to the Hospital Librarian of the Red Cross Society.

This scheme has proved of great benefit in providing diversion for certain patients until they are pronounced fit to return to work. Owing to various causes, such as the earlier availability of beds for sanatorium treatment, the success of chemotherapy, etc., the number of patients considered suitable for inclusion in the scheme is tending to fall, but the need still remains for some form of diversional therapy in selected cases.

The scheme is run very efficiently and economically by the Welfare Officer of the Wiltshire Branch of the British Red Cross Society and her visitors, to whom patients are referred by the chest physicians.

CO-OPERATION WITH CHILDREN'S OFFICER.

Persons suffering from tuberculosis are discouraged from proceeding with applications for legal adoption.

Close co-operation exists also in the boarding-out of children.

The assistance of the Children's Officer is sought by the Chest Physician under certain circumstances, such as when the mother requires sanatorium treatment, which she could not receive unless provision were made for the care of the children during her absence, or when it is necessary to segregate children whilst they receive B.C.G. vaccination.

Requests are also received from children's authorities outside the County, such as the London County Council, to arrange supervision at the nearest chest clinic of children sent by them to approved homes in Wiltshire for boarding-out.

EMPLOYMENT OF TUBERCULOUS PATIENTS.

Frequent reports are sent by the chest physicians to the resettlement officers of the Ministry of Labour concerning the employment of tuberculous patients, and also in connection with the provision of training courses for suitable individuals.

Close co-operation also exists with certain of the larger employers of labour in the County in giving certificates as to the fitness for work of patients (subject to the patient's consent) and in recommending that some patients be given employment of a lighter type more suitable to their medical condition.

Similar reports are made to the Civil Service and armed services.

SCHEMES TO FOLLOW UP EARLY CASES.

The main action taken is the examination of contacts of all cases diagnosed as tuberculous.

During the year children attending two schools in the county, one a private school and the other a school under the jurisdiction of the local education authority, were specially examined because of possible contact with a case of pulmonary tuberculosis.

In the private school, the patient was a member of the domestic staff, who was removed immediately to sanatorium for treatment. The scholars, 92 in all, were tuberculin tested by the Chest Physician, with positive results in 14 cases. Unfortunately it was not found possible to arrange for a mass x-ray unit to visit the school to carry out a survey, but the 14 positive reactors were x-rayed at a neighbouring hospital, no definite evidence of active tuberculosis being discovered although in two instances further x-ray examination in three months was advised.

In addition, 8 adult members of the staff were tuberculin tested with positive results, and all were x-rayed, again with negative findings, but one case was referred for further x-ray in three months.

In the local authority school, the source of possible infection was a teacher, who is receiving sanatorium treatment.

The Chest Physician undertook tuberculin testing of 102 scholars, 11 returning positive results. Two of these scholars were already known to the Chest Physician and were under observation at the chest clinic. The mass x-ray unit could not visit the school at the time, but as it was at a nearby centre, transport was arranged to take the 9 positive reactors to the unit, where they were x-rayed. One scholar was subsequently referred to the chest clinic and is being kept under observation. In neither of these schools was there evidence of any infection having been caused through the known infectious case.

SPECIAL CASE FINDING SURVEY IN WHOLE OR PART OF THE AREA.

Action under this heading was limited to the visits of the mass radiography units to the larger factories and works in various towns in the county. The results of the visits made are given under the heading of "Mass Radiography."

REHABILITATION.

During 1954 the County Council paid for one tuberculous patient receiving treatment combined with training in a rehabilitation centre.

The liability of the County Council does not commence until the patient is able to work for five hours a day, the regional hospital boards being financially responsible until that stage is reached.

A number of tuberculous patients not requiring treatment, but requiring training, attended rehabilitation centres under the auspices of the Ministry of Labour, recommendations for such training being made by the chest physicians. The County Council incurs no financial liability.

FINANCIAL ASSISTANCE TO TUBERCULOUS PATIENTS.

The Chest Physicians have issued numerous certificates to enable patients to make application to the National Assistance Boards for extra financial help to which they may be entitled during their illness.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

New employees of the County Council liable to come in contact with groups of children are subject to medical and chest x-ray examination prior to commencing their duties.

During the year one applicant for a post under this Council was rejected owing to an unsatisfactory chest x-ray.

It was found possible to arrange an annual chest x-ray examination for existing members of the staff in 1954 in respect of 8 only of the 19 day nurseries and children's homes in the county. This was due to the mass x-ray units undertaking less work in Wiltshire than in the previous year, and the facilities thereby not being available. It is hoped to cover those day nurseries and children's homes which were not dealt with in 1954 sometime during the current year, provided the mass x-ray units are operating in the areas concerned.

B.C.G. VACCINATION.

This includes the work undertaken on behalf of the County Council, e.g. vaccination of contacts of actual cases of tuberculosis, and that undertaken for the regional hospital boards in connection with the vaccination of nursing and other hospital staff. When B.C.G. vaccination was first commenced the work for the regional hospital boards was by far the greater, but this position has been completely reversed. The work undertaken for the County Council is now very considerable and is likely to continue to expand in consequence of the realization on the part of the public that B.C.G. vaccination is an accepted measure of prevention in the fight against tuberculosis.

Both clinically and administratively the work is intricate. It involves much preliminary medical investigation before vaccination can be undertaken, whilst the timing of the vaccination depends upon the arrival from Denmark of the vaccine, which must be used within 14 days of manufacture.

The following statistics summarize the work carried out in the two sections during the year 1954, and from the commencement of the scheme until the end of 1953:—

	Number Vaccinated.		Number who refused Vaccination.	
	In 1954.	From commencement of scheme.	In 1954.	From commencement of scheme.
(a) Contacts	217	677	10	16
(b) Hospital Staffs	82	329	11	32
TOTALS	299	1,006	21	48

Vaccination is usually found necessary in from 20 % to 25 % of hospital staff tested.

The Ministry of Health require that all hospital staff vaccinated should be re-tested once a year for a period of five years. The follow up of contacts is left to the discretion of the chest physicians, but because of the increasing numbers vaccinated, and the limited time of the chest physicians, an annual test is not practicable in all cases, but is arranged as far as possible.

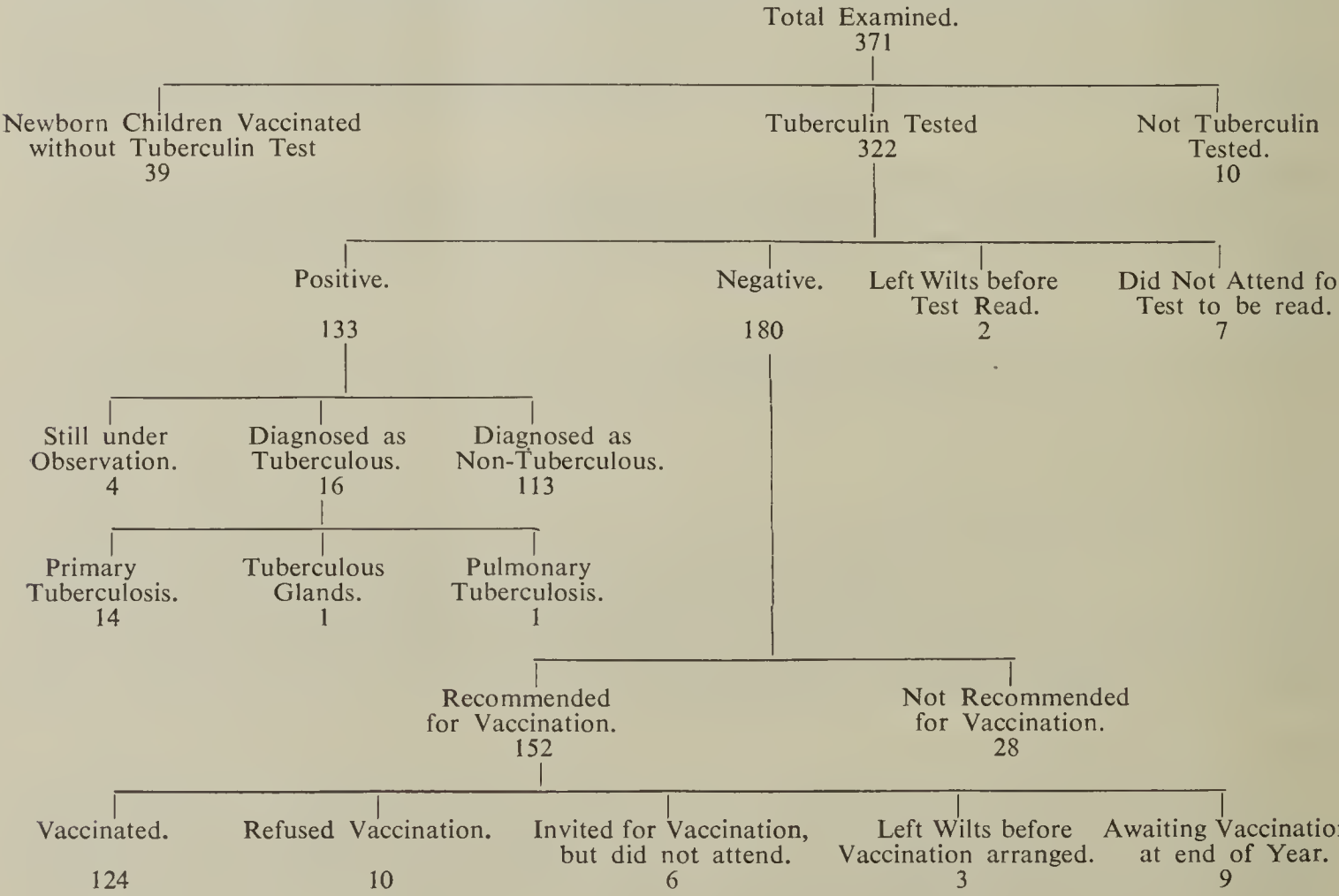
Of the 329 vaccinated members of the hospital staffs, 82 were vaccinated in 1954 and are not due for follow up until 1955. Of the remaining 247, 136 have been re-checked since vaccination (roughly 55 %). The figure may seem low, but hospital staffs change frequently owing to members giving up nursing, marriage and other causes. Some of these persons remain in the county although not nursing, and in such cases follow up tests are offered by the chest physicians.

Of contacts, those vaccinated in 1954, viz., 217, can be disregarded as not being due for follow up until 1955.

There remain 460 contacts vaccinated up to the end of 1953, and of this number 342, or 75 % have been re-checked since vaccination, the majority on three or four occasions. A further 61 vaccinated contacts have left the County, and their reords have been transferred to the appropriate authorities.

In addition to the above, 23 contacts transferred from other areas, already vaccinated, have been re-checked.

The following table gives details of the work undertaken in connection with the examination and B.C.G. vaccination of contacts under the age of 15 years during the year 1954:—



It will be noted that 39 newly born infants were vaccinated without preliminary testing, and of 322 other children tested 133 gave positive and 180 negative results, 9 children either not attending for the test to be read, or having left the county before this could be done. Of the 180 negative cases, 152 were recommended for vaccination, and 124 actually received this during the year. Nine others were awaiting vaccination on the 31st December, 1954. The remaining 19 cases either refused vaccination, or had left the county before action could be taken.

The following sections of the tuberculosis work are the responsibility of the regional hospital boards, but short summaries are given as a matter of general interest. Three regional hospital boards serve Wiltshire, the Oxford Board the northern area, the South Western Board the western and central area, and the South West Metropolitan Board the southern area. The figures are combined for the county as a whole and for the purpose of this report are not given in board areas.

MASS RADIOGRAPHY.

The mass radiography units are operated by the regional hospital boards. During 1954 they did not function in the county to the same extent as in the previous year. The following table shows the work undertaken:—

Area Served.	Number of persons mass X-rayed in 1954.	Number of persons referred to Chest Physicians.
Westbury, Devizes and Bradford-on-Avon	3,775	28
St. George's Hospital, Semington	139	8
Warminster	1,264	5
Malmesbury	1,114	3
Tidworth	730	9
Roundway Hospital, Devizes	778	7
Melksham	810	8
Chippenham	2,953	22
Wilton and Gillingham	2,403	6
Fordingbridge	844	4
TOTALS	14,810	100

Two of the above areas are just outside the county boundary, but cases were referred from the surveys in these places to Wiltshire Chest Clinics owing to their easier access.

It will be seen that 14,810 persons were examined compared with 43,936 in the year 1953, and 17,368 in 1952.

100 cases were referred to the Chest Physicians, compared with 379 in 1953, and 94 in 1952. The results of the follow up examinations of the 100 cases are indicated below:—

Active Pulmonary Tuberculosis	...	...	24
Inactive Pulmonary Tuberculosis	...	...	14
Observation	...	...	19
Carcinoma of Bronchus	...	...	3
Other non-tuberculous chest conditions	...	...	29
Nothing abnormal discovered	...	...	6
Failed to attend	...	...	2
			—
			97
			—

In the remaining 3 cases the Chest Physicians did not consider it necessary to take any follow up action.

Of the 24 active cases of pulmonary tuberculosis discovered, 15 were recommended for sanatorium treatment, and the majority received such treatment with a minimum of delay, as the waiting list for sanatorium beds is considerably less now than hitherto.

The ratio of persons with active tuberculosis to the number examined fell from 2.5 per thousand in 1953 to 1.6 per thousand in 1954. Including cases with inactive pulmonary tuberculosis and those requiring observation, the ratio was 3.8 per thousand, compared with 6 per thousand in the previous year.

CHEST CLINIC ATTENDANCES.

The attendances at the various chest clinics during the year were as follows:—

Clinic.	Men.	Women.	Children.	Total.
Salisbury	1,640	1,734	938	4,312
Trowbridge	941	727	550	2,218
Swindon	2,435	1,840	1,182	5,457
Corsham	42	59	82	183
Chippenham	662	459	326	1,447
Devizes	277	254	133	664
Savernake	115	137	108	360
TOTALS	6,112	5,210	3,319	14,641

The 14,641 attendances compare with 14,595 in the year 1953.

The only change to report in the chest clinics is that it was decided to close the Corsham Chest Clinic on the 31st December, 1954. It was found that the attendances were dropping considerably, most patients in the Corsham area preferring to go to the Chippenham Chest Clinic, which is well equipped and has x-ray facilities available on the premises. The Corsham Chest Clinic, however, has served a very useful purpose in the past.

INSTITUTIONAL TREATMENT.

On the 1st January, 1954, there were 242 patients under treatment in institutions. 341 were admitted during the year, 500 were discharged, leaving 173 still under treatment on the 31st December, 1954. Patients continue to be admitted from areas outside Wiltshire, notably from Southampton, Plymouth, Hampshire and Dorset, although the need for this is declining owing to the fall in the number of patients on the waiting lists.

Adult cases of pulmonary tuberculosis are treated at Odstock Hospital, Winsley Chest Hospital, Harnwood Hospital, Swindon Isolation Hospital, Trowbridge Isolation Hospital, Chippenham Isolation Hospital and the Manor Hospital, Bath. Children are treated at Frenchay Children's Hospital. The White House Sanatorium, Milford-on-Sea, Hampshire, and Peppard Chest Hospital, Henley-on-Thames, Oxon.

Non-pulmonary tuberculosis is treated at Savernake Hospital, the Bath Orthopaedic Hospital, Alton Hospital, and at various general and district hospitals.

The number of beds available for pulmonary cases is roughly 200, an average of approximately 1 for every 2,000 of the population, and may be said to be sufficient adequately to cover the area. There is little difficulty in admitting male or female patients immediately in the south western and southern areas, but there is still some delay in the northern area, the period varying from time to time. The question of institutional treatment is receiving careful attention by the various hospital boards concerned, with a view to minimising the possibility of beds remaining empty for any length of time.

Cases of tuberculosis requiring thoracic surgery are admitted to Peppard Chest Hospital, Frenchay Hospital and Southampton Chest Hospital, and 69 tuberculous patients were sent to these hospitals during the year. Large numbers of patients suffering from non-tuberculous chest conditions, and requiring surgical treatment, also are admitted to various hospitals. Included in these are considerable numbers of patients suffering from cancer of the lungs.

GENERAL.

MEDICAL AND CLERICAL STAFF.

No change took place in the medical staff during the year. The chest physicians remained officers of the regional hospital boards, but continue to undertake duties on behalf of the County Council for the prevention of tuberculosis. Three elevenths of their salaries and other expenses are charged to the County Council.

The clerical work of the tuberculosis scheme continued to be undertaken by the staff of the County Health Department, who serve both the County Council and the regional hospital boards on an equal basis, 50% of the salaries being paid by the County Council and the remaining 50% by the boards.

This arrangement as regards both medical and clerical staff has functioned well and ensures the full integration of prevention and after-care work and treatment.

In Wiltshire, covered as it is by one authority, the County Council, for prevention and after-care, and by three regional hospital boards for treatment purposes, this appears to be the most efficient and economical solution of a difficult problem.

SANITARY CIRCUMSTANCES OF THE COUNTY

WATER SUPPLY

THE RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1955.

During 1954 thirteen further water schemes were submitted by rural authorities for observation by the County Council.

Local authorities are required by Sec. 2 (2) of the Act to submit such schemes in respect of which financial contributions are claimed and the County Council are required to consider such schemes in relation to:—

1. The broad basis of design as distinct from technical detail.
2. General sanitary and financial consideration.
3. The desirability of co-ordination with adjoining areas.

Since the end of the war water schemes to the value of £3,000,000 have been considered and approved in principle by the County Council. Up to the end of 1954, work to the value of £1,000,000 has been partially or completely carried out, involving the development of fifteen water sources, the construction of thirteen reservoirs, and the laying of 260 miles of water mains.

The following is a brief description of progress made in each of the twelve rural districts up to the end of the year.

AMESBURY R.D.

No progress made in implementing the regional water scheme which still awaits Ministry approval. One or two minor extensions of existing mains were carried out during the year.

BRADFORD & MELKSHAM R.D.

No further progress has been made during the year in implementing the regional scheme, and Ministry authority to invite tenders is still awaited. A small extension scheme from the existing Westwood main to supply Staples Hill was commenced in November last.

CALNE & CHIPPENHAM R.D.

Excellent progress has been made in this district. The Western area scheme has been completed. The Eastern area scheme affording a supply to the Eastern Parishes and a bulk supply to Devizes R.D. is also nearing completion.

CRICKLADE & WOOTTON BASSETT R.D.

Very little progress during 1954 beyond minor main extensions.

DEVIZES R.D.

Good progress was made in this district with three regional schemes in the course of construction, namely:—

1. The N.W. area scheme serving Bromham and Rowde, Poulshot and Seend, based on a bulk supply from the Calne & Chippenham R.D.
2. The S.E. area scheme based on the Chirton Borehole and serving the villages of Chirton, Etchilhampton, Marden, Urchfont, Patney, Stert.
3. The N.E. area scheme serving the parishes of Bishops Cannings, All Cannings, and Stanton St. Bernard.

HIGHWORTH R.D.

No progress during 1954.

MALMESBURY R.D.

Steady progress made during the year with main laying at Lea, Little Somerford, Charlton, St. Paul Without, Minety, Oaksey, and Luckington.

MARLBOROUGH & RAMSBURY R.D.

Reasonably good progress made here. During the year the Ramsbury supply has been extended to Froxfield, Axford and Mildenhall. It is hoped to commence the Bedwyn and Shalbourne areas scheme in 1955.

MERE & TISBURY R.D.

Very little progress made during 1954, beyond the erection of a pumping station at the Mere source of the regional scheme.

PEWSEY R.D.

No progress during 1954 beyond an extension to Burbage from Collingbourne. It is hoped to extend the main further to Milton, Easton, and Pewsey during 1955.

SALISBURY & WILTON R.D.

Progress during 1954 has been satisfactory and supplies given to Laverstock, Downton and Redlynch, Landford. In November the extension from Steeple Langford to Stapleford was commenced.

WARMINSTER & WESTBURY R.D.

No progress at all has been made during the year in implementing the South East and West Regional scheme based on the Codford source.

The work contemplated, in progress or completed by the various authorities up to the 31st December, 1954, is shown in the Schedule on pages 46—57.

SEWERAGE

During the year fourteen sewerage schemes were approved in principle by the County Council, bringing the value of post-war schemes approved by the County Council to £2.4 million. The value of schemes completed or in the course of construction at the end of 1954 was £0.5 million.

The following is a brief summary of the position in each of the twelve rural districts at the end of 1954.

AMESBURY R.D.

Post-war proposals provide for sewerage schemes at Shrewton, Bulford and Durrington, and an extension of the Amesbury parish scheme. Bulford and Durrington were sewered during the year and the Amesbury extension is well advanced.

BRADFORD & MELKSHAM R.D.

Post-war schemes for Hilperton and Winsley have been implemented and a proposed scheme for Atworth received County Council approval during 1954.

CALNE & CHIPPENHAM R.D.

Post-war proposals provide for sewerage the major part of the rural district. Colerne and Castle Combe have been completed and a scheme for Biddestone is well in hand.

CRICKLADE & WOOTTON BASSETT.

None of the eight post-war sewerage schemes approved by the County Council have yet been commenced.

DEVIZES R.D.

Twelve post-war schemes have been approved by the County Council. Of these Erlestoke has been completed and Potterne is under consideration.

HIGHWORTH R.D.

Five post-war sewerage schemes have been approved by the County Council, but so far only the Chisledon scheme has been commenced.

MALMESBURY R.D.

Schemes for Sherston, Corston and Hullavington have been approved by the County Council. The first stage of the Sherston scheme has been completed.

MARLBOROUGH & RAMSBURY R.D.

Proposals for schemes at Ramsbury and Aldbourne have been approved. Ramsbury has been completed and the Aldbourne scheme is under construction.

MERE & TISBURY R.D.

The County Council have approved schemes for Hindon, Tisbury, Mere and Zeals. Hindon and Zeals have been completed.

PEWSEY R.D.

Approved schemes for Ludgershall and East Everleigh have now been implemented.

SALISBURY & WILTON R.D.

Post-war proposals for schemes at Downton, Redlynch, Fovant, Burford, Berwick St. James, Laverstock and Wylke have been approved by the County Council but none have yet been commenced.

WARMINSTER & WESTBURY R.D.

No detailed post-war proposals have yet been submitted to the County Council. The table on pages 58—62 reviews the post-war progress up to the end of 1954.

WILTSHIRE WATER SCHEMES
POSITION AS AT 31st DECEMBER, 1954.

Title of Scheme.	Original estimated capital cost. £		Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
	County Council.	Ministry.	in principle or observations given.	for contribution purposes.								
AMESBURY R.D. District Scheme	147,000 1947 prices)	18/1/45	26/11/53	4/7/52		280,794	No			Inquiry held on 13/7/54
Regional Scheme	235,000	28/5/52 From Town Clerk, Salisbury								
Amesbury— Durrington Link	2,800	4/6/48	22/11/48	8/7/48	5/1/51	3,310 (A)	No	To be considered in conjunction with Regional Scheme	1/1/51	Completed June, 1951
Figcheldean	2,000	1/7/49	1/12/49	7/10/49		2,002 (A)	No		20/11/51	Completed February, 1952
Tilshead	3,910	2/2/50	10/10/47	31/3/50	31/3/50	3,136 (A)	No		June, 1949	Completed December, 1949
Amesbury— Riverside Avenue	590	7/11/50	12/12/50	5/1/51	6/4/51	629 (A)	No	150	4/8/53	Completed March, 1954
Bulford and Durrington Water Works—new pumps			1,079	24/9/51		5/10/51	5/10/51	1,200 (A)	Yes		April, 1954	Completed September, 1954
Hackthorn Extension	433	5/5/54	4/5/54	2/7/54 and 1/10/54		1,049 (E)	No			Pipes delivered
Shrewton—Rollestone Road			380	30/8/49	7/11/50	7/10/49	6/4/51	712 (A)	Yes	Nil	30/6/52	Completed August, 1952
Shrewton—London Road			1,743	3/11/52	10/2/53	2/1/53	2/4/54	1,195 (E)	Yes	70	12/4/54	Completed October, 1954

Shrewton—Extension to “The Hollows”	356	11/6/54	15/6/54	2/7/54					Aug., 1954	Completed November, 1954
BRADFORD & MELKSHAM R.D.										
District Scheme ...	83,644	5/12/46	10/6/47	2/7/47		24/3/48				
(D) Atworth, etc. ...	22,138	5/12/46	10/6/47	2/7/47	2/7/47	24/3/48	23,815 (A)	No	4,500	Completed December, 1949
(D) Farleigh Wick ...	2,568	5/12/46	10/6/47	2/7/47	4/4/52	22/11/50	3,430 (A)	No	1,275	Completed September, 1951
(D) Monkton Farleigh ...	27,138	5/12/46	10/6/47	2/7/47		30/7/53	32,750	No		Tenders not yet authorised
(D) Winsley Farms ...	6,149	5/12/46	10/6/47	2/7/47				No		
(D) Cathill to Avoncliff	21,586	5/12/46	10/6/47	2/7/47				No		
(D) Broughton Gifford	4,065	5/12/46	10/6/47	2/7/47	2/10/53	4/3/53	5,442 (A)	No	2,000	Completed October, 1953
Westwood—Extension to Staples Hill	2,300	28/8/53	28/8/53	2/10/53		26/11/53	2,260	No	800	25% completed
Beanacre ...	1,500	20/5/46	17/7/46	3/9/46	25/2/48	27/3/47	2,956 (A)	Over 12 years	200	Completed June, 1948
Turleigh ...	228	30/1/48	30/1/48	7/4/48	7/4/48	28/7/48	403 (A)	Yes	Nil	Completed March, 1949
Broughton Gifford— Norrington Extension	5,330	21/5/54	21/5/54	2/7/54		12/11/54		No	2,500	Tenders not yet authorised
CALNE & CHIPPENHAM R.D.										
District Scheme ...	132,710	5/11/46		Dec., 1946						
<i>Eastern Area</i> ...	120,300	23/5/50	30/6/50	7/7/50						
First Stage ...	105,900 (part of 120,300)	23/5/50	30/6/50	7/7/50	2/4/54	17/4/53	109,547 (E)	No	25,000	90% completed
<i>Western Area</i>										
(D) A.1. North Wraxall	11,140	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	11,200 (A)	No	Deferred	Completed November, 1953
(D) A.2. West Kingston	1,250	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	1,100 (A)	No	Deferred	Completed November, 1953
(D) A.3. Ford ...	3,760	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	4,100 (A)	No	Deferred	Completed September, 1951
(D) A.4. Allington ...	1,120	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	1,650 (A)	No	Deferred	Completed December, 1953
(D) A.5. Leigh Delamere	1,650	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	1,627 (A)	No	Deferred	Completed September, 1953
(D) A.6. Stanton St. Quintin	1,420	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	2,910 (A)	No	Deferred	Completed September, 1951

Title of Scheme.	Original estimated capital cost. £	Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
		County Council.	Ministry.	in principle or observations given.	for contribution purposes.						
CALNE & CHIPPENHAM R.D.											
(D) A.7. Langley Burrell and West Tytherton	6,120	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	4,450 (A)	No	Deferred	10/11/50	Completed June, 1951
(D) A.8. Lower Seagry and Upper Seagry	1,830	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	1,680 (A)	No	Deferred	4/10/51	Completed January, 1952
(D) A.9. Goatacre and New Zealand	4,650	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	3,860 (A)	No	Deferred	15/3/52	Completed June, 1953
(D) A.10. Wadswick ...	2,860	29/8/47	1/11/48	8/10/47	5/1/51	14/9/49	3,490 (A)	No	Deferred	3/8/51	Completed April, 1953
(D) Upper Seagry ...	2,178	14/3/52	6/9/48	4/4/52	4/4/52	17/11/48	2,202 (A)	Yes	Nil	7/3/49	Completed August, 1950
Goodshill Pumping Station	3,200	14/7/51	15/8/51	5/10/51	5/10/51	14/9/51	4,440 (A)	No	Nil	Nov., 1953	Completed March, 1954
Stockley	4,300	9/8/51	3/10/51	5/10/51	10/4/53	15/2/52	4,421 (A)	No	1,250	22/10/52	Completed June, 1953
Avon, Slaughterford, Goatacre, Broomfield, Long Dean & Ashley	8,030	14/7/51	15/8/51	5/10/51	5/10/51	19/5/52	6,100 (A)	No	1,100	2/2/53	Completed August, 1953. Slaughterford and Broomfield abandoned
Mile Elm	3,112	4/10/50	26/5/50	5/1/51	6/4/51				Deferred	1/11/52	Completed by Borough of Calne
Rudloe Tanks	2,368	14/3/52		4/4/52	4/4/52	12/4/49	2,368 (A)	Yes	Nil	16/12/49	Completed May, 1951
Stanton St. Quintin, R.A.F. Married Qtrs.	1,230	1/4/52	9/8/50	4/7/52	4/7/52		946 (A)	No	Nil No grant from R.A.F.—only guarantee	2/2/51	Completed June, 1951
Widdenhams, Rudloe, Colerne & N. Wraxall	14,900	9/12/53	19/11/53	1/1/54	1/10/54	10/6/54	14,990 (E) (part)	No	Nil	1/11/54	15% completed
Air Ministry Housing Site, Rudloe	3,210	26/3/54	26/2/54	2/7/54		10/6/54					
Purchase of mains at Corsham from Chippenham Corporation	7,638	15/7/54	29/6/54	1/10/54	1/10/54	27/8/54		No	Nil		

Farms in Allington Area	641	27/8/54	10/8/54	1/10/54 Not approved						Nil		
CRICKLADE & WOOTTON BASSETT R.D. Regional Scheme (Initial Expense) ...	114,950 2,940 (part of 114,950)	7/6/51	7/6/51	6/7/51	1/1/54	14/10/52	No					
Bradenstoke ...	3,950	28/1/48	31/1/47	5/2/48		9/1/48		3,950 (A)			22/3/48	Completed September, 1950
Chaddington ...	3,661	/12/50	21/10/49	5/1/51		18/11/50	No	3,730 (A)	Ministry of Agriculture grant £1,000		12/6/51	Completed November, 1951
Additional main—Flax- lands to Wootton Bassett	11,150	23/5/52	22/5/52	14/7/52		25/6/52	No					
(D) Ashton Keynes ...	18,800	26/5/47		2/7/47								
Extension from Battle- well to Reid's Piece, Purton	1,700	16/6/54	16/6/54	2/7/54		6/12/54	No	1,300	Nil		15/12/54	
Renewal of mains, Hayes Knoll and The Pry, Purton	4,100		14/10/54									
DEVIZES R.D. District Scheme ...	248,720	27/6/45		2/10/47			No					
(D) S.E. Area Scheme ...	85,140	26/9/51		5/10/51	3/7/53		No	91,955	20,000			
(i) Borehole No. 1 at Chirton Bottom	2,093	29/7/49	10/1/47		31/3/50 and 3/7/53	22/1/49		2,231 (E)			14/5/49	
(ii) Borehole No. 2 ...					3/7/53	21/5/53		7,041 (E)			10/5/54	Access road to site completed. Borehole operations success- fully completed. Reservoir and rising main under construction
(iii) Mains, Reservoir and pumping plant		26/9/51	28/9/51	5/1/051	3/7/53	2/9/53						
Great Cheverell Augmen- tation Bore	6,350	1/2/50	17/2/50	6/10/50	6/4/51	9/1/51	No	6,269 (A)	Nil		1/8/52	Contract completed. Borehole unsuccessful, abandoned
(D) N.E. Area Scheme All Cannings Bishops Cannings, Stanton St. Bernard	48,300	13/5/49 revised 25/2/52	26/2/52	17/10/49 revised 4/4/52	2/7/54	14/5/52	No	48,610 (E)	9,500		26/4/54	Rising main from Devizes Town Council supply completed. Reservoir in advanced stage of construction. 10,121 yds. of main laid through to Coate and through Horton in the direction of All Cannings

Title of Scheme.	Original estimated capital cost. £	Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
		County Council.	Ministry.	in principle or observations given.	for contribution purposes.						
DEVIZES R.D. (D) Roundway ...	3,000 (originally in £48,300)	13/5/49	1/2/52	29/6/49	7/10/49	26/2/52	3,400 (E)	No	Nil	27/3/52	Completed July, 1952
(D) Erlestone ...	2,680	21/1/48	21/1/48	5/2/48	2/10/53	15/8/53	4,454	No	700	19/3/52	Completed May, 1953
(D) Potterne Link (Fairway)	1,750	12/5/48	21/8/47	8/7/48	8/7/48	5/4/48	1,387 (A)	No	Nil	Nov., 1948	Completed March, 1949
(D) Defective main relaying—No. 1	7,000	6/5/48	20/11/47	1/6/48	27/7/48	20/7/48	6,200 (A)	No	Nil	3/8/50	Completed December, 1950
(D) <i>N.W. Area</i> Bromham, Rowde Poulshot, Seend	40,000	8/9/52	14/10/52	3/10/52	2/4/54	5/1/45	34,150 (E)	No	16,000	20/4/54	8-inch delivery main to Calne and Chippenham R.D.C. supplied laid and tested. Duplicate main between St. Edith's, Bromham, and Rowde completed. Main to Netherstreet completed. Main laying progressing through Bromham village. Total length of main laid: 9,167 yds.
Nursteed ...	2,130	20/1/48	14/1/48	5/2/48	2/10/53	9/11/48	1,464	No	150	April, 1950	Completed June, 1950
Relaying defective mains at Poulshot and Seend, No. 2	1,445	14/9/54	14/9/54	1/10/54		7/10/54		£168 from Revenue. Balance from loan			
HIGHWORTH R.D. District Scheme	125,424	18/10/45		3/5/46				No			
(D) Hannington	6,190	3/4/51	1/1/47	6/4/51	6/4/51	5/3/47	5,269 (A)	No		16/4/47	Completed 1948
(D) South Marston	4,000	17/10/47	30/4/48	2/12/47	2/12/47	8/5/48	3,939 (A)	No		3/9/48	Completed 1949
(D) Badbury	3,225	17/10/47	30/4/48	2/12/47	2/12/47	6/5/48	2,959 (A)	No		6/1/49	Completed 1949
(D) Blunsdon & Crouch Lane, Highworth	2,328		8/1/46	4/4/45	4/4/45	6/2/46	2,228 (A)	No		13/6/46	Completed 1947

(D) Hyde Road—Kings-down Lane Area, Blunsdon	4,800	22/3/48	23/3/48	1/6/48	1/6/48	7/4/49	3,516 (A)	No	Deferred	14/3/51	Completed 1952
(D) Little Hinton	5,380	24/1/49	24/1/49	7/4/49	7/4/49	18/2/49	4,611 (A)	No		1/1/50	Completed September, 1950
(D) Little Hinton Extn.	560	29/3/50	29/3/50	7/7/50	7/7/50	15/5/50		No		1/4/50	Completed September, 1950
(D) Northern Area	26,000	18/8/51	9/8/51	5/10/51	5/10/51	14/10/52	26,600 (E)	No			In course of preparation by consulting engineer
(D) South Marston—Nightingale Farm Area	1,600	31/1/53	29/11/52	10/4/53	10/4/53	2/1/53	1,266 (A)	No		1/12/52	Completed April, 1953
MALMESBURY BOROUGH Improvement Scheme	24,300	12/11/48 11/10/50 revised 31/1/51	25/11/49 second application for grant 4/6/52	7/12/48 16/1/51	2/1/53 and 2/4/54	Principle 6/7/51 Grant 11/12/52		No	9,500	1/12/53	Anticipated date of completion 31/3/55. Major portion of work completed
MALMESBURY R.D. District Scheme	Based on sources of supply at Corston and Charlton with certain parts of development No. 5 supplied in bulk by Cricklade and Wootton Bassett R.D.C. 1/4/46 2/5/46										
(D) Dev. No. 1 Main-laying Lea and Great Somerford	8,100	22/7/47	3/6/47	8/10/47	2/1/53	11/2/48	10,053 (A)	No		8/3/48	Completed December, 1948
(D) Dev. No. 2 Main-laying Corston, Rodbourne and Burton Hill. Purchase of land and preliminary work at Corston Spring, including temporary pump and pump house	13,130	18/3/48	10/5/48	7/4/48	2/1/53	14/12/48	21,766 (A)	No	9,000 (part of 20,000)	10/4/50	The Malmesbury Rural (Corston Spring) Water Order, 1954, operative from 15th November, 1954. Awaiting Ministry approval to further works
(D) Dev. No. 3 Main-laying Gt. and Little Somerfords	21,400	18/5/49	8/6/49	17/6/49 and 5/1/51	2/1/53	1/4/50	22,288 (A)	No		16/6/52	Completed June, 1953
(D) Dev. No. 4 Erection of Water Tower at Rodbourne	8,470	18/3/48	10/5/48	7/4/48	2/1/53	14/12/48	19,095 (A)	No		1/1/51	Completed March, 1952
(D) Dev. No. 5	Main-laying Charlton, Lea and Cleverton, Little Somerford, St. Paul Without and Brinkworth. Contribution to tower at Whitechurch. Development at Charlton Spring, including pumps and pump house. 5/1/51 2/1/53 23/4/51										
Part A.—Contribution to erection of Tower at Whitechurch	66,680	8/12/53					11,120 (E)	No	1,500 (part of 20,000)		Nearing completion

Title of Scheme.	Original estimated capital cost. £	Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
		County Council.	Ministry.	in principle or observations given.	for contribution purposes.						
MALMESBURY R.D. Part B.—Laying of branch mains at Lea and Little Somerford	(included in above figure)						3,455 (E)	No	7,000 (part of 20,000)	22/6/54	Completed August, 1954
Part C.—Main-laying Charlton, Lea, Cleverton, St. Paul Without and Brinkworth	(included in above figure)						47,130 (E)	No			50% completed
(D) <i>Dev. No. 6</i> Corston to Hullavington Link	4,300	11/12/52	4/11/53	2/1/53	2/1/53	11/4/51	19,714 (C) (E)	No	500	10/3/52	Awaiting approval of Ministry
Luckington.—Main-laying by West Gloucester Water Co.; direct labour	1,344	13/4/51	2/4/51	6/7/51	2/1/53	7/4/51	1,157 (C) (A)	No	350	4/2/52	Further section of main to Carriers Farm Area. Completed December, 1954
(D) Alderton.—Main-laying by West Gloucester Water Co.; direct labour	673	9/3/48	30/3/50	7/4/48	2/1/53			No			Completed April, 1952
(D) Norton.—Main-laying by West Gloucester Water Co.; direct labour	1,033	13/4/51	30/3/50	6/7/51	2/1/53	4/12/51	3,785 (C) (A)	No	400	1/10/52	Completed June, 1953
(D) Brokenborough Extn. to Red Bull Inn area	3,150	13/4/51	10/5/48	6/7/51	4/4/52	26/4/48	3,956 (A)	No		11/10/51	Completed March, 1952
(D) Hullavington Extn. to Bradfield Farm Area	900	9/5/51	20/6/51	6/7/51	4/4/52	6/7/51	1,252 (A)	No	1,350	11/1/52	Completed March, 1952
Sherston and Pinkney—Main-laying, High St., Silver St. and Pinkney	4,400	16/8/49	16/8/49	7/10/49		14/9/49	5,293 (A)	No		2/4/51	Completed 1951. Undertaking transferred to the West Gloucester Water Co. on 1/4/54
Sherston—Works to be carried out after transfer of undertaking to West Gloucester Water Co.	Capital deficiency contribution 5,449		18/12/53			22/12/54	7,093 (C)	Capital Receipt 3,007 available towards cost	Nil	20/12/54	

Grittenham— Extn. to Cheeseley Hill Farm	425	1/7/52	9/12/52	4/7/52	10/4/53	4/2/53	361 (A)	No	Nil	4/8/53	Completed June, 1953
Upper & Lower Minety— Link Mains	2,020	1/7/52	9/12/52	4/7/52	10/4/53	18/4/53	1,851 (A)	No	Nil	4/8/53	Completed October, 1953
Brinkworth, Dauntsey and Minety— Relaying certain lengths of mains	6,980	9/12/52	2/9/53	2/1/53	2/4/54	11/9/53	3,632 (E) (part only)	£2,157, Yes; Balance, No	Nil	30/8/54	This work will be carried out in two instalments. First instal- ment 80% completed
Oaksey—New main ...	1,850	26/11/53	30/3/54	1/1/54	1/10/54	6/5/54	2,134 (E)	No	Nil	13/10/54	75% completed
Crudwell—Extension to factory	2,638	18/6/54	1/10/54	2/7/54							Awaiting approval of Ministry
MARLBOROUGH & RAMSBURY R.D.											
Avebury	90,000	1/8/45	13/5/46	11/5/46	6/10/50	28/5/46	125,073 (E)	No	32,000	10/2/50	Completed March, 1953
Ogbournes	18,500	9/12/46	11/11/46	4/2/47	31/3/50	26/3/47	18,730 (A)	No	5,700	12/12/49	Completed January, 1951
Bedwyn—Extn. to Stokke and Warren	6,000	16/10/47	14/5/48	2/12/47 and 7/4/48	30/11/49	26/1/49	3,936 (A)	No	1,000	19/4/49	Completed October, 1949
Bedwyn and Shalbourne	revised 103,000	revised 2/10/53	29/5/53	revised 2/10/53			108,700 (E)	No			
Savernake	3,644	15/3/51	15/3/51	6/4/51	4/7/52	9/4/51		No	600	1/5/52	Completed July, 1953
Froxfield	9,800	22/10/52	22/10/52	2/1/53	2/10/53 and 2/4/54	12/2/52	12,250 (E)	No	3,900	9/11/53	Completed September, 1954
Axford and Mildenhall	19,000	2/3/53	1/6/53	10/4/53	2/4/54	25/5/54	20,500 (E)	No	4,000	15/11/54	
MERE & TISBURY R.D. Revised District Scheme	240,000 (1951 prices)	submitted by Consulting Engineer, 2/4/54		2/4/54			350,000	No			
(D) Part I— Mere Reservoir ...	8,709	9/1/48	2/2/48	5/2/48		6/8/48	9,119 (A)	No		20/2/49	Completed April, 1952
(D) Part II.—Mere, Knoyles, Donheads, Swallowcliffe, Sutton Mandeville, and rising main to Mere reservoir	22,688	2/2/51	21/4/50	6/4/51		23/2/51	31,081 (E)	No		11/2/52	Completed April, 1953
(D) Part III.—Mere, Kil- mington, Stourton and Zeals	42,305	2/2/51	17/1/51 and 28/11/53	6/4/51			57,090	No			Ministry approval awaited

Title of Scheme.	Original estimated capital cost. £	Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
		County Council.	Ministry.	in principle or observations given.	for contribu- tion purposes.						
MERE & TISBURY R.D. (D) Part IV.—Trunk main Mere to Tollard Royal	135,531	submitted by Consulting Engineer, 2/4/54	28/11/53	2/4/54			135,531	No			Ministry approval awaited
(D) Part V.—Outstanding distribution mains	97,234	Submitted by Consulting Engineer, 2/4/54	28/11/53	2/4/54			97,234	No			Ministry approval awaited
(D) <i>Development of Burtonfield Source</i> Borehole	8,900	2/4/46	18/8/47	21/5/46		2/10/47	7,447 (A)	No		4/9/47	Completed September, 1948
Pumping Plant ...	21,265	2/4/46	10/1/51	21/5/46		16/3/51	21,265 (E)	No		16/11/51	Work proceeding
Pumping Station and surface reservoir	6,645	2/4/46	30/1/53	21/5/46		24/2/53	12,947 (E)	No		30/5/53	
PEWSEY R.D. Original District Scheme	150,180	7/3/47		2/4/47				No			
Revised District Scheme	240,000	30/3/54	5/4/54	2/7/54				No			
(D) Collingbournes ...	30,500	14/6/47	14/6/47	2/7/47	25/5/48	15/2/50	32,225 (E)	No	7,000	15/6/50	Completed November, 1952
(D) Compton Borehole ...	1,970	26/9/50	25/3/50	5/1/51		14/9/50	2,098 (E)	No		27/9/50	Completed April, 1952
Wootton Rivers	2,100	14/6/47	14/6/47	2/7/47	6/1/50	13/10/48	3,026 (A)	No	1,250	13/12/48	Completed June, 1950
Chute and Chute Forest	11,800	14/6/47	14/6/47	2/7/47	31/3/50	13/10/48	13,444 (A)	No	5,000	10/3/49	Completed June, 1950
Everleigh	2,069	29/10/51	22/10/51	4/1/52	4/7/52	12/5/52	2,284 (E)	No	1,000	21/4/53	Completed June, 1953
(D) Burbage	29,300	14/6/51	14/6/51	6/7/51	1/10/54	7/5/52	27,470	No	4,000	17/3/54	95% completed
(D) Milton, Easton Royal and Pewsey	36,490	25/8/54	25/8/54	1/10/54		1/1/55		No	Not yet notified	Starting date not yet notified	

SALISBURY & WILTON R.D. District Scheme ...	183,700 (1939 prices)	22/1/46	18/3/52	3/5/46		19/2/54	300,790	No		Public inquiry held 15/7/54
(D) Stapleford										
(i) Steeple Langford to Stapleford		25/3/52	18/3/52	4/7/52		19/2/54	15,590			Scheme proceeding in two parts
(ii) Stapleford Village ...			22/12/54				10,085 (E)	No	29/11/54	Work in progress
(D) Wishford & South Newton	16,000	14/7/52	3/1/53	3/10/52			5,780	No		Awaiting Ministry approval to proceed to tender
(D) Eastern Area (White- parish, Grimstead, Alderbury, Pitton and Farley)	7,082	11/12/52	9/11/53	2/1/53				No		
(D) S.W. Area (Dinton, Compton, Barford, Burcombe)	48,000	17/8/50	21/7/52	6/10/50 6/4/51 (Amendments)				No		
(D) Chalke Valley (Bowerchalke, Broad- chalke, Bishopstone, Ebbesbourne Wake, Stratford Toney, Coombe Bissett)	110,000	22/1/53	9/11/53	3/7/53				No		
Landford—Stock Lane ...	2,000	26/9/52	27/5/53 and 15/7/53	2/1/53		28/2/54	1,630 (E)	No	July, 1954	To be subject to Capital Con- tribution. Completed September, 1954
Laverstock ...	6,550	26/2/51	4/3/52	6/4/51	2/4/54 and 1/10/54	11/9/53	10,964 (E)	No	12/4/54	Completed August, 1954
Farley and E Grimstead	9,600	20/7/49	13/7/51	7/10/49	4/7/52	24/7/51	14,797 (E)	No	1/1/52	Completed November, 1952
Fovant Borehole ...	2,138	4/4/52 revised 4/3/53	23/3/54	revised 10/4/53						Borehole completed Dec., 1952
Whiteparish (Brickworth Extension)	3,573	13/11/52	21/7/52	2/1/53	2/4/54	3/9/52	3,523 (E)	No	1/9/53	Completed December, 1952
Fovant Mains ...	8,000?	12/3/48		7/4/48	6/7/51	6/9/49	15,877 (A)	No	1/3/50	Completed January, 1951
Wylve and Steeple Langford	16,000	9/5/47	20/1/48	2/7/47	6/7/51	19/7/49	16,630 (E)	No	1/9/50	Completed February, 1952
Britford ...	3,400	13/5/48	25/8/49	8/7/48	4/7/52	26/9/50	4,496 (E)	No	1/10/51	Completed May, 1952

Title of Scheme.	Original estimated capital cost. £	Dates submitted to		Dates approved by County Council		Date approved by Ministry.	Latest capital cost. £	Is capital cost to be met out of revenue?	Exchequer Grant. £	Date of start of Scheme.	Progress of Scheme.
		County Council.	Ministry.	in principle or observations given.	for contribu- tion purposes.						
SALISBURY & WILTON R.D. Downton and Redlynch	23,190	17/11/48	22/10/48	4/1/52	4/1/52	11/6/52	Capitalised deficiency contribution £27,000	No	3,000	1/6/52	Completed February, 1954
Landford	30,480	15/5/48	23/6/48	4/1/52	4/1/52	11/6/52		No	8,000	1/6/52	Completed January, 1954
Quidhampton and Netherhampton	4,000	17/6/49	15/5/50	7/10/49	6/4/51	27/1/51	5,493 (E)	No	650	1/11/52	Completed October, 1953
Ebbsbourne Wake ...	2,073	12/3/48	19/10/45	7/4/48		7/3/46	2,069 (A)	No	Nil	May, 1947	Completed May, 1949
Whiteparish bore and pump	2,429	13/11/52	7/6/48	2/1/53 and 10/4/53		8/2/51	2,429 (A)	No	Nil	1/12/51	Completed June, 1949
Farley borehole ...	1,442	13/11/52	22/10/46	2/1/53	2/1/53		1,442 (A)	No		3/3/49	Completed March, 1949
East Grimstead— Winterslow Road Extn.	250	24/3/53	10/6/53	10/4/53	2/10/53	12/9/53	441 (E)	Yes	Nil	Sept., 1953	Completed October, 1953
TROWBRIDGE, MELKSHAM & DISTRICT Sandridge	4,614	24/11/49	16/6/50	6/1/50	3/10/52	23/1/51	6,500 (A)	No	4,000	12/2/53	Completed January, 1954
Corsham to Melksham trunk main	17,500	24/11/49	13/1/48	1/7/49	3/10/52	4/11/49	18,000 (A)	No		1/6/49	Completed June, 1950
Semington	2,996	24/11/49	15/9/50	6/1/50	No grant payable	15/11/50	3,445	No	Min. of Agric. grant £1,000	15/7/52	Completed November, 1952
Southwick	2,232	24/11/49	16/6/50	6/1/50	No grant payable	24/7/50	2,644 (A)		Min. of Agric. grant £1,000	10/12/51	Completed April, 1952
Brokerswood	6,240		22/9/50	6/10/50	No grant payable	22/1/51	6,630 incl. 1,200 Frome (A)	No	Min. of Agric. grant £3,000 Completed cost £6,630	19/9/53	Completed as to main-laying 31/5/54

Link up mains, North Bradley and Southwick (supply to Scotland and Ireland)	1,922		29/3/54			21/6/54		No		Provisional Jan., 1955
WARMINSTER & WESTBURY S.E. and West District Scheme	R.D. 265,000	5/2/53			10/4/53			No		
(D) Boyton Rising Mains	7,185		23/11/47	6/4/51	6/4/51	16/3/48	5,918	No	Deferred until completion of scheme	Completed March, 1950
(D) Upton Lovel	2,115	27/7/49	29/6/49	7/10/49	7/10/49	24/11/49	6,987	No	do.	Completed April, 1951
(D) Corton	6,200	27/7/49	4/4/48	7/10/49	7/10/49	17/11/48		No	do.	Completed April, 1951
(D) Codford Mains	5,015	6/7/50	29/6/49	7/10/49	7/10/49	8/9/50		No	do.	Completed December, 1952
(D) Codford Pumping Station and plant	11,325	23/6/50		7/7/50	7/7/50	23/9/50	8,496	No	do.	
North Bradley—Scotland and Ireland	850	26/10/52	26/11/52	10/4/53	10/4/53	20/2/53	570 Capitalised deficiency contribution of £570	Yes	250 provisional	To be carried out by Trowbridge, Melksham and District Water Board
N.E. District Scheme	59,000	23/3/45	24/3/49	5/1/51	5/1/51	23/4/48	58,758	No	11,000	Completed April, 1952
(D) Picquet Hill reservoir	8,950						11,007			
(D) Purchase of land, intake works, pumps, etc., and leading mains	17,588						17,588			

NOTE: (D) denotes part of District Scheme.
(E) denotes accepted tender.
(A) denotes actual cost after completion.
(C) denotes Capital Deficiency Contribution.

WILTSHIRE SEWERAGE SCHEMES
POSITION AS AT 31st DECEMBER, 1954.

Title of Scheme.	Original estimated capital cost when submitted to County Council.		Dates submitted to		Dates approved by County Council.		Date approved by Ministry.	Latest capital cost.	Exchequer Grant.	Date of start of scheme.	Progress of Scheme.
	As part of District scheme.	As individual scheme.	County Council.	Ministry	In principle or observations given.	For contribution purposes.					
								£	£		
AMESBURY R.D. District Scheme	170,000 (1947)		6/12/46		4/2/47						Completed November, 1951
(D) Amesbury and Boscombe Down		33,000	15/5/50	23/11/48	6/10/50	3/7/53 and	26/9/49 29/8/51	59,155 (E) plus By-pass £4,000	12,000 plus Air Ministry grant of £10,500	By-pass 18/6/51	
Extension to Works		20,640				2/7/54				Extn. to works 10/5/54		Satisfactory progress.
Amesbury and Countess Road		13,700	24/6/54		1/10/54						Minister to give further consideration
(D) Shrewton		46,000	5/3/48	16/1/48	7/4/48 and 8/7/48	5/10/51	21/5/51	72,000 (E)	16,000		
Bulford and Durrington		124,600	28/1/47	15/12/44	2/4/47	4/1/52	18/11/50	111,000 (E)	35,000	14/6/51		Completed July, 1954
BRADFORD & MELKSHAM R.D. Hilperton Main scheme		16,000	6/2/46	16/12/45	11/5/46	8/10/47	3/4/47	20,322 (A)	6,000	3/10/47	Completed March, 1949
Hilperton—House connections		10,200	27/1/54	27/1/54	2/4/54	1/10/54	27/2/54	10,200	3,000	April, 1954	Completed December, 1949
Winsley		19,000	7/2/46	18/4/46	11/5/46	30/11/49	9/7/47	25,428 (A)	5,500		
Atworth, Shaw and Whitley		34,100	12/2/54	30/11/54	2/4/54			34,600			
CALNE AND CHIPPENHAM R.D. District Scheme	255,300		29/8/47	14/7/47	8/10/47						Completed April, 1954
(D) Grittleton	6,050	4,980	23/4/51		6/7/51						
(D) Castle Combe	10,600	15,750	26/5/50	14/9/50	7/7/50	2/10/53	6/7/51	22,279 (E)	6,000	23/2/53	

(D) Yatton Keynell ...	6,800	11,950	26/5/50	14/9/50	7/7/50				18,690			
Tiddly Wink Extension		4,020	17/2/54	16/9/54	2/4/54				4,020			
(D) Stanton St. Quintin ...	2,600	3,630	1/8/52	1/8/52	3/10/52							
(D) Biddestone ...	8,000	11,400	26/5/50	11/9/50	7/7/50	1/10/54	15/3/54	5/7/54	17,040	6,000	25% completed	5/7/54
(D) Colerne ...	8,600	8,600 plus 2,500 for land	13/5/47	25/8/47	2/7/47		10/12/47	1948	17,127 (A)	Deferred	Completed 1949	
Blacklands—Calne Without		2,630	2/8/50	14/3/51	6/10/50		5/10/51			Deferred		
Notton House Extension ...		3,250	22/3/51	19/7/51	6/4/51		1/10/51				Abandoned	
Corsham—Providence Lane ...		405	14/8/51	9/10/51	5/10/51		26/10/51			Deferred		
Elley Green ...		245									Completed March, 1954	
CRICKLADE AND WOOTTON BASSETT R.D. District Scheme ...	201,840		4/4/46									
(D) Cricklade and Latton ...	30,700	43,250	1/10/48	1/10/48	7/12/48							
(D) Marston Meysey ...	6,410	9,650	12/4/48	12/4/48	8/7/48							
(D) Purton Stoke ...	5,930	10,480	26/4/47	Not submitted	2/7/47						Abandoned	
Ashton Keynes ...		55,000	26/4/47	Not submitted	2/7/47						Abandoned	
Extension to Wootton Bassett Sewerage Works		3,414	15/7/54	15/7/54	1/10/54						Minister of Housing and Local Government Inspector visited offices 11/1/55 to consider the Scheme	
DEVIZES R.D. District Scheme ...	263,840		28/8/46		2/10/46							
(D) Bromham and Rowde ...	56,300	38,987	17/9/51	23/8/51	1/10/54							
(Rowde Village only)		21,700 (part of £38,987)	12/12/53	12/1/54	1/1/54		6/12/54		21,700		Ministry authority for Scheme to start in year 1956/57	
(D) Easterton & Lavingtons	50,000	82,230	20/12/51	7/1/53	2/1/53		16/7/54		93,200		Ministry authority for Easterton and Market Lavington portion to proceed, but preparation of contract documents to be deferred until 1st January, 1955	

Title of Scheme.	Original estimated capital cost when submitted to County Council.		Dates submitted to		Dates approved by County Council.		Date approved by Ministry.	Latest capital cost.	Exchequer Grant.	Date of start of scheme.	Progress of Scheme.
	As part of District scheme.	As individual scheme.	County Council.	Ministry	In principle or observations given.	For contribution purposes.					
DEVIZES R.D. (D) Easterton and Market Lavington	£	£						£			
(D) Rutts Lane ...		800	28/9/50	28/9/50	6/10/50	2/10/53	9/1/51	1,012 (A)	300	July, 1951	Completed November, 1951
(D) Potterne I ...		8,700	29/7/47	6/12/47	5/10/47	2/10/53	5/5/49	12,994 (A)	6,000	6/6/49	Completed September, 1950
(D) Potterne II ...	24,000	16,730	17/10/52	27/11/52	2/1/53		26/2/54	15,857 (E)		28/10/54	
(D) Erlestoke ...	2,700	2,800	28/9/50	28/9/50	6/10/50	2/10/53	9/1/51	2,850 (E)	2,000	19/3/52	Completed November, 1952
(D) Urchfont ...	14,000	26,950	21/9/53 and 28/9/53	2/10/53 12/11/53, and 28/12/54	1/10/54			27,240			Inquiry held 26/5/54
(D) Seend ...	12,000	15,800	20/8/54	4/2/53	1/10/54		30/9/54		5,000 (provisional)		Ministry approval for preparation of tender documents in readiness for invitation of tenders
Stanton St. Bernard ...		7,850	16/9/54	16/9/54	1/10/54						Consulting Engineers preparing Scheme for Ministry approval
(D) Wedhampton ...		4,900									
HIGHWORTH R.D. District Scheme ...	271,010		26/4/46		27/8/46						
Chisledon ...	13,930	16,700	Revised 20/3/52	Revised 29/5/54	Revised 4/7/52		22/6/54	21,420 (E)	6,000	3/8/54	
(D) Highworth—Modified scheme	42,280	53,000	23/12/47 27/4/54	23/12/47	5/2/48						
(One half of sludge drying area only)		4,750	28/10/53		1/1/54						Tenders in course of being checked
(D) Stratton St. Margaret ...	71,400	117,700	1/7/52	4/3/52	3/10/52	2/7/54		139,922	27,000	1/1/55	

(D) Castle Easton (Temporary only)	...	...	7,300	2,185 (temporary scheme)		3/9/46				This Scheme is in the course of preparation by the Council's Engineering Department		
Blunsdon St. Andrew	...	...		30,000	21/6/54 16/9/54	1/10/54 11/10/54		30,000				
MALMESBURY BOROUGH. Borough Sewerage Scheme	...	...		56,000 (47,640 after de- ducting R.D.C. contri- bution)	15/6/51	6/7/51	2/1/53	46,600	30/6/52	20,000		Starting Date deferred by Ministry until 1956
MALMESBURY R.D. District Scheme	...	...	207,200		8/12/47	30/4/48						
(D) Corston Village	...	...	8,820	18,000	7/5/51	6/7/51						Awaiting public inquiry by Ministry
(D) Hullavington Village	...	...	8,800	21,800	6/6/51	6/7/51						Submission of scheme to Ministry deferred
(D) Sherston	...	...	25,400									
(a) Laying of Sewers...	...	...		4,250	15/6/50	7/7/50 and 6/7/51	2/4/54	5,409 (A)	19/10/52	2,000	11/3/52	Completed September, 1952
(b) Outfall sewer and dispo- sal works				17,600	2/11/52	2/1/53	2/4/54		12/5/54	7,500		Scheme approved by Ministry, subject to disposal works being reduced to meet immediate requirements. Esti- mated cost of revised scheme, £13,150. Exchequer Grant will be subject to revision
St Paul Without	...	...		29,500	25/6/54	2/7/54						Awaiting approval of Ministry
MARLBOROUGH AND RAMSBURY District Scheme	...	...	R.D. 113,693		18/4/47	2/7/47						
(D) Ramsbury	...	...		47,550	27/1/45	7/4/48	2/10/53	80,400 (A)	9/8/48	24,000	1/11/51	Completed September, 1951
(D) Aldbourne...	...	...		69,000	27/1/45	21/3/45	1/10/54	81,000	7/5/54	37,000	7/12/54	
MERE AND TISBURY R.D. Hindon	...	...		11,171	30/12/48	1/2/49	3/7/53	17,447 (E)	6/7/51	7,500	1/3/53	Completed June, 1954
Tisbury	...	...		37,165	19/4/48	1/6/48	6/7/51	41,425 (E)		14,500		Approval has been received to obtain tenders for machinery. Whole scheme not yet approved

Title of Scheme.	Original estimated capital cost when submitted to County Council.		Dates submitted to		Dates approved by County Council.		Date approved by Ministry.	Latest capital cost.	Exchequer Grant.	Date of start of scheme.	Progress of Scheme.
	As part of District scheme.	As individual scheme.	County Council.	Ministry.	In principle or observations given.	For contribution purposes.					
MERE & TISBURY R.D.	£	£						£	£		Information required by Ministry being obtained
Mere ... ..	...	36,657	3/2/51	2/2/51	6/4/51			42,065 (E)	8,000		
Zeals ... ..	...	11,197	11/6/51	11/6/51	6/7/51	2/1/53	2/10/52	10,687 (E)	4,000	1/4/53	Completed December, 1953
PEWSEY R.D.	...	26,605	29/1/47	13/12/45	2/4/47	2/2/50	19/6/47	46,289 (A)	11,000	29/12/48	Completed December, 1951
Ludgershall ... ..	...	1,560	13/8/53	25/2/53	2/10/53	1/1/54	29/12/53	1,486	500	20/4/54	Completed October, 1954
East Everleigh ... ..	...									
SALISBURY AND WILTON R.D.	327,720 (1947) prices)		7/10/46								
District Scheme ... ..	...									
Downton (including part Redlynch)		43,000	18/8/50	21/8/50	6/10/50			93,100			Public inquiry held 15/9/54
Redlynch (Part) ... ..	...	34,000	18/8/50	21/8/50	6/10/50			68,000			
Wick Lane Extension ...	...	7,300	19/2/54	13/5/54	2/4/54			7,300			
Fovant ... ..	...	33,000	30/1/51		6/7/51			53,250 (E)			
Extension ... ..	...	6,250	10/9/52		10/4/53 (for £53,250)						
Barford St. Martin ... ..	...	21,720	8/1/51		6/7/51						
Berwick St. James ... ..	...	9,250	22/5/51	4/4/52	6/7/51		14/6/54	8,400 (E)	3,000		
Laverstock ... ..	...	27,000	9/12/53		1/10/54						
Wylve ... ..	...	27,600	31/3/53		3/7/53						
Redlynch ... ..	...	31,000	18/8/50	21/8/50	6/10/50						
WARMINSTER & WESTBURY R.D.	104,750		23/3/45		2/11/45						Nil
Outline Sewerage Scheme											

NOTE.
(D) denotes part of District Scheme.
(E) denotes accepted tender.
(A) denotes actual cost after completion.

MILK SUPPLY

Number of Dairy Farms in Wiltshire	...	...	...	...	...	3,258
Number of non-designated Farms in Wiltshire	...	...	...	...	...	1,256
Number of T.T. Farms in Wiltshire	...	...	...	...	...	2,002
Production of T.T. Milk	...	...	...	...	...	74.2 %
Production of Non-Designated Milk	...	...	...	...	...	25.8 %
Number of Producer Retailers	...	...	...	...	...	390
Number of Retail Distributors	...	...	...	...	...	223
Number of Pasteurising Plants licensed by the County Council	...	...	...	...	...	13
Gallons of milk pasteurised	...	...	...	...	...	8.5 million
Pasteurised milk samples taken by County Council	...	...	...	...	...	243
Pasteurised milk samples satisfactory	...	...	...	...	...	240
Pasteurised milk samples unsatisfactory	...	...	...	...	...	3
Biological milk samples taken by County Council	...	...	...	...	...	231
Biological milk samples positive to tubercle	...	...	...	...	...	2
Biological milk samples negative to tubercle	...	...	...	...	...	229

The County Medical Officer of Health has a statutory duty to keep himself informed of all matters affecting, or likely to affect, public health in the County, and to be prepared to advise the County Council on any such matter. The supervision and control of the milk supply to ensure that the supply is clean, unadulterated, and free from disease is such a matter. A very important aspect of milk supervision is adequate sampling of the milk, particularly biological sampling which is the only reliable way of discovering infected milk. During the year, in conjunction with district medical officers a basic code of sampling practice was worked out with a view to ensuring that the retail milk supply of the County is fully covered.

Broadly speaking, the Ministry of Agriculture is responsible for the control of milk production, while County and District Councils are responsible for the quality and safety of the milk between the farm and the consumer. The principle Acts and Regulations governing these duties are:

- The Food & Drugs Act, 1938.
- The Food & Drugs (Milk & Dairies & Artificial Cream Act, 1950)
- The Food & Drugs Amendment Act, 1954.
- The Milk & Dairies Regulations, 1949.
- The Milk (Special Designation Raw Milk) Regs., 1949.
- The Milk (Special Designation) (Pasteurised & Sterilised Milk) Regs., 1949.

PASTEURISED MILK.

One of the main statutory duties of the County Council is the licensing and control of pasteurising plants. There are no sterilising plants in the County as yet. There are two legal methods of pasteurising milk.

(a) By the High Temperature Short Time Method which is practised by the larger creameries, and

(b) By the Holder Method which is used by the smaller dairies.

Method (a) consists of heating the milk to 161deg.F. and holding it at this temperature for 15 seconds, and then cooling it immediately to not less than 50deg.F.

Method (b) consists of heating the milk to not less than 145deg.F and holding it at this temperature for half-hour before immediately cooling to 50deg.F.

The official inspection and sampling of the thirteen pasteurising plants licensed by the County Council is carried out by the County Sanitary Inspector at fortnightly intervals. During the year under review 236 samples were taken for the Phosphatase test for efficient heat treatment, and the Methylene Blue test for cleanliness. Of these 233 samples or 99 % were satisfactory.

On the 1st October, 1954, regulations came into force which now require the use of overlapping bottle caps, and the compulsory bottling of pasteurised milk on the premises where it is pasteurised.

TUBERCULOUS MILK.

During 1954, 231 biological samples were taken within the County by the County Sanitary Inspector. Two of these samples were reported by the Laboratory to be infected with tubercle. Appropriate action was taken immediately to safeguard the supply to consumers pending investigation of the infected sources.

THE FOOD & DRUGS (MILK & DAIRIES & ARTIFICIAL CREAM) ACT, 1950.

SPECIFIED AREAS.

No part of the County has yet been designated as a specified area in which only designated milk may be sold, but the following districts are expected to be so designated as from October, 1955.

Chippenham Borough.
Calne & Chippenham R.D.
Trowbridge Urban.
Bradford Urban.
Bradford & Melksham R.D.
Warminster & Westbury R.D.
Westbury Urban.
Warminster Urban.

MILK IN SCHOOLS SCHEME.

Frequent inspection and sampling of school milk supplies were carried out by the County Sanitary Inspector during the year, and every effort made to replace raw milk with pasteurised milk. 93.69 % of school children drinking milk were receiving pasteurised supplies at the end of the year.

I am indebted to the Chief Inspector of Weights and Measures for the following report on the chemical qualities of milk sold within the County during the year ending 31st March, 1955.

MILK SAMPLES TAKEN DURING THE YEAR ENDING 31st MARCH, 1955.

During the year 1,276 samples of milk were purchased or taken in areas covering the whole of the County, with the exception of the Borough of Swindon.

Steps are taken to spread the sampling over the whole area of the County.

Included in this total are 253 samples from the milk supplied to various schools.

<i>No. of Milk samples purchased or taken</i>	<i>No. of samples of Milk supplied to Schools</i>	<i>Unsatisfactory</i>
1,276	253	93
		(which includes 4 school milk samples)

867 samples of milk were examined for dirt content. All test pads and details of unsatisfactory school milk samples have been sent to the County Medical Officer of Health.

The following action was taken in respect of unsatisfactory samples:—

<i>Prosecutions</i>	<i>Cautions</i>	<i>Referred to Agricultural Adviser</i>
6	3	13

MILK & DAIRIES REGULATIONS, 1949

One milk retailer was prosecuted for using unregistered premises as a Dairy. These proceedings were instituted with the consent of the Local Authority concerned and by virtue of the powers conferred on the County Council by Section 65 of the Food & Drugs Act, 1938.

Milk (Special Designation) (Pasteurised & Sterilised Milk) Regulations, 1949-53,
Milk (Special Designation) (Raw Milk) Regulations, 1949-50.

Cautions were issued to two milk retailers who were selling Designated Milk at a time when they did not hold the necessary licences.

CHANNEL ISLANDS MILK

The milk fat content of 5 samples of Channel Islands Milk fell below the standard of 4 % prescribed by the Milk (Control & Maximum Prices) (Great Britain) Order, 1954, but as in every case it exceeded the standard prescribed by the Sale of Milk Regulations, 1939, no action could be taken under the Food & Drugs Acts.

Particulars were passed to the Minister of Food in accordance with his instructions contained in Article 7 of Circular letter M.F.8/48.

SUMMARY OF PROSECUTIONS

		<i>Fine</i>			<i>Costs</i>		
		£	s.	d.	£	s.	d.
*1. Producer/ Retailer	Having in possession for sale milk containing added water	—	—	—	3	7	0
2. Ditto.	Having in possession for sale milk to which an addition of water had been made (2 charges) ...	4	0	0	—	—	—
3. Farmer	Selling milk containing added water (4 charges)	10	0	0	2	10	0
4. Farmer	Ditto (12 charges) Dismissed	—	—	—	—	—	—
5. Farmer	Having in possession for sale milk containing added water (5 charges) Selling milk containing added water (1 charge) ...	30	0	0	15	15	0
6. Farmer and Cafe Proprietor	Using certain premises as a Dairy, the said premises not being then registered for the purpose by the Local Authority	10	0	0			
	Using a special designation, namely, that milk was Tuberculin tested, and not holding a licence authorising the use of that designation	10	0	0			
	For the purpose of the advertisement of milk referred to that milk as "T.T" which was calculated falsely to suggest that there was in force a licence authorising the use of a special designation in connection with that milk	10	0	0			
	Selling to the prejudice of the purchaser milk, designated Tuberculin Tested, which was not of the quality of the article demanded, but was deficient in fat	10	0	0			
	Abstracting from Tuberculin Tested Milk, milk fat so as to effect injuriously the quality of the food with intent that it might be sold in its altered state ...	10	0	0			
	Selling certain goods, namely milk, to which a false trade description, namely Tuberculin Tested, was applied	50	0	0	3	7	0

*This prosecution was in respect of milk being supplied to a school.

Quarterly reports on unsatisfactory samples of Food and Drugs, giving details of consequential action, have been submitted to the County Council and the Ministry of Food.

RURAL HOUSING

Section 88 of the 1936 Housing Act places a statutory duty on County Councils to have constant regard to housing conditions in rural districts and to the sufficiency of steps taken by rural sanitary authorities to remedy any unsatisfactory housing conditions.

Housing repairs and re-conditioning have been practically at a standstill since the war with the result that houses have been falling into decay and a considerable number are unfit for habitation. To prevent further wastage the Government have introduced the Housing Repairs and Rents Act, 1954, which came into force on the 30th August last. Briefly this Act deals with four classes of houses as follows:—

(a) ESSENTIALLY SOUND HOUSES.—To keep these fit landlords are permitted to increase the rents of controlled houses to augment the cost of repairs. The increase permitted is the difference between gross value and the rateable value for rating purposes. If the house is not put into sound repair the tenant can apply to the local authority for a disrepair certificate which entitles him to withhold the rent increase until the repairs are carried out.

(b) **SLUM HOUSES.**—These are houses totally unfit, and local authorities are required to submit a programme to the Minister by August, 1955, for demolition and replacement over a period of 5 years. Local authorities are empowered to purchase slum houses even where there is no immediate prospect of demolishing them, and to make them as tolerable for the tenants as possible while they remain standing. Special Government grants are available for such schemes of purchase and temporary repair.

(c) **DILAPIDATED HOUSES.**—These are houses which fall below the fitness standard required by Section 9 of the new Act, and to which houses must conform. If the houses are repairable at reasonable cost landlords will be required to bring them up to the new standard, or the local authority will be expected to do the work in default and recover the cost. If the houses cannot be made fit at reasonable expense they will be subject to the normal demolition procedure.

(d) **IMPROVEMENTS AND CONVERSION.**—This classification refers to houses which require more than repair and need improvements to provide modern amenities such as bathrooms, drainage, and hot water systems. The Act makes financial grants available to aid such modernisation. The maximum grant is up to half the cost of the work, or £400 per house whichever is the less, but it is not payable for works which cost less than £100.

A review of the housing situation at the end of the year showed that in the twelve rural districts in the County, there were at least 3,413 applicants still awaiting Council houses, while the number of new houses erected during the year were 1,349, namely 916 by district Councils, and 433 by private enterprise. The total number of Council houses in rural areas now number 452 temporary and 8,300 permanent houses.

RURAL HOUSING SURVEY (MINISTRY OF HEALTH CIRCULAR 64/44).

The following table shows the progress of the Rural Housing Survey and classification of categories into which the houses are placed:

TABLE I

RURAL DISTRICT.	Total Houses to be surveyed.	Total Surveyed up to 31/12/54.	CLASSIFICATION.					Total Classified.
			1	2	3	4	5	
Amesbury	1,696	1,696	713	493	277	110	103	1,696
Bradford and Melksham	2,700	729	81	150	127	140	231	729
Calne and Chippenham	5,395	3,404	221	858	1,774	146	405	3,404
Cricklade and Wootton Bassett	3,069	2,986	984	592	939	213	258	2,986
Devizes	2,880	2,538	55	518	842	860	263	2,538
Highworth	6,063	2,540	1,169	393	558	75	345	2,540
Malmesbury	1,578	1,578	546	289	430	233	170	1,578
Marlborough and Ramsbury	2,876	911	310	238	342	—	21	911
Mere and Tisbury	2,643	2,643	283	1,102	865	271	122	2,643
Pewsey	3,304	1,296	801	106	121	55	213	1,296
Salisbury and Wilton	3,109	2,489	151	342	1,652	24	320	2,489
Warminster and Westbury	3,147	769	149	203	290	36	75	753
TOTALS	38,460	23,579	5,373	5,284	8,217	2,163	2,526	23,563

Classification.	Condition of Dwelling.	Normal Action.
1.	Satisfactory in all respects.	No action.
2.	Minor defects.	Informal action or Public Health Acts.
3.	Require repair, structural alteration or improvement.	Sec. 9 or Sec. 11, Housing Act, 1936.
4.	Appropriate for improvement and re-conditioning under Housing Act, 1949.	Sec. 11 Housing Act, 1936; Housing Act, 1949.
5.	Unfit for habitation and beyond repair at reasonable cost.	Sec. 11 and Sec. 25 Housing Act, 1936.

HOUSING ACT, 1949 (IMPROVEMENT GRANTS).

TABLE II

Rural District.	Applications dealt with by R.D.C.			
	Received.	Approved.	Rejected.	Under consideration.
Amesbury	30	24	4	2
Bradford and Melksham	7	7	Nil	3
Calne and Chippenham	49	40	8	6
Cricklade and Wootton Bassett	14	12 (4 houses)	1	1
Devizes	13	13	Nil	Nil
Highworth	17	15	Nil	2
Malmesbury	13	13	Nil	Nil
Marlborough and Ramsbury	10	9	Nil	Nil
Mere and Tisbury	34	32	2 (withdrawn)	4
Pewsey	53	49	4	Nil
Salisbury and Wilton	63	37	7	17
Warminster and Westbury	23	24	Nil	Nil
TOTALS	326	275	24	35

TABLE III
RURAL DISTRICT HOUSING STATISTICS FOR 1954.

	Amesbury	Bradford and Melksham	Calne and Chippenham	Cricklade and Wootton Bassett	Devizes	High- worth	Malmes- bury	Marlborough and Ramsbury	Mere and Tisbury	Pewsey	Salisbury and Wilton	Warminster and Westbury	Total.
1. Number of New Houses and Flats erected during the year— (a) By Local Authority (b) Private Enterprise	140 33	43 22	138 36	105 17	53 20	96 97	18 24	30 23	46 20	60 23	108 95	79 23	916 433
2. Inspection of Dwellings during the year— (i) Inspected for housing defects under Public Health Acts ... (ii) Inspected for housing defects under Housing Acts ... (iii) Number of dwellings found so dangerous or injurious to health as to be unfit for habitation (iv) Number of dwellings found not to be in all respects reasonably fit for habitation	28 117 17 126	57 Nil Nil 39	18 321 7 43	40 109 87 56	43 112 39 64	210 57 52 142	190 } Nil 97	28 27 2 49	30 24 28 3	92 403 53 85	433 90 96 25	15 14 2 27	2,458 } 383 756
3. Remedy of Defects by Informal Action— Number of dwellings rendered fit in consequence of informal action	43	29	15	22	51	93	29	42	24	24	55	10	437
4. Action under Statutory Powers (Public Health and Housing Acts)— (A) Proceedings under Sections 9, 10 and 16 of Housing Acts, 1936: (i) Number of dwellings in respect of which notices were served requiring defects to be remedied (ii) Number of dwellings rendered fit after service of formal notices:— (a) By Owners (b) By Local Authority in default of Owners	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	1 Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	1 Nil Nil
(B) Proceedings under Public Health Acts: (i) Number of dwellings in respect of which formal notices were served (ii) Number of dwellings rendered fit after service of formal notice:— (a) By Owners (b) By Local Authority in default of Owners	1 Nil 1	Nil Nil Nil	Nil Nil Nil	5 5 Nil	Nil Nil Nil	Nil 1 Nil	Nil Nil Nil	Nil Nil Nil	Nil Nil Nil	2 Nil Nil	11 2 4	Nil Nil Nil	19 8 5
(C) Proceedings under Sections 11 and 13 of Housing Act, 1936: (i) Number of Demolition Orders made (ii) Number of houses demolished as result of Demolition Orders (iii) Number of undertakings accepted (iv) Number of undertakings completed	13 9 2 Nil	Nil 1 Nil Nil	6 2 3 1	1 2 Nil Nil	4 2 2 2	22 13 29 Nil	Nil 12 Nil Nil	Nil Nil Nil Nil	Nil 2 Nil Nil	Nil 8 4 1	11 3 4 Nil	Nil Nil 2 2	57 54 46 6
(D) Proceedings under Sections 25 and 26 of Housing Act, 1936: (i) Number of houses upon which Demolition Orders were made (ii) Number of houses demolished in pursuance of Demolition Orders	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil
(E) Proceedings under Section 12 of Housing Act, 1936: (i) Number of separate tenements or underground rooms in respect of which closing orders were made (ii) Number of separate tenements or underground rooms in respect of which closing orders were cancelled, as result of premises having been made fit	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil	Nil Nil
5. Housing Act, 1936, Part IV. Overcrowding: (i) Number of cases of overcrowded dwellings at end of year (ii) Number of cases discovered during year (iii) Number of cases abated during year	* 7 5	* Nil Nil	* Nil Nil	9 Nil Nil	* 5 3	2 2 5	Nil 10 10	Nil 2 Nil	1 1 Nil	22 15 15	Nil Nil Nil	* Nil Nil	34 42 38

* Not known.

PEST CONTROL

The control of rodents and insect pests in County Council premises is carried out by the County Sanitary Inspector.

Twenty-six visits were made during the year in connection with infestation with rats, mice, flies, cockroaches, ants and silver fish.
